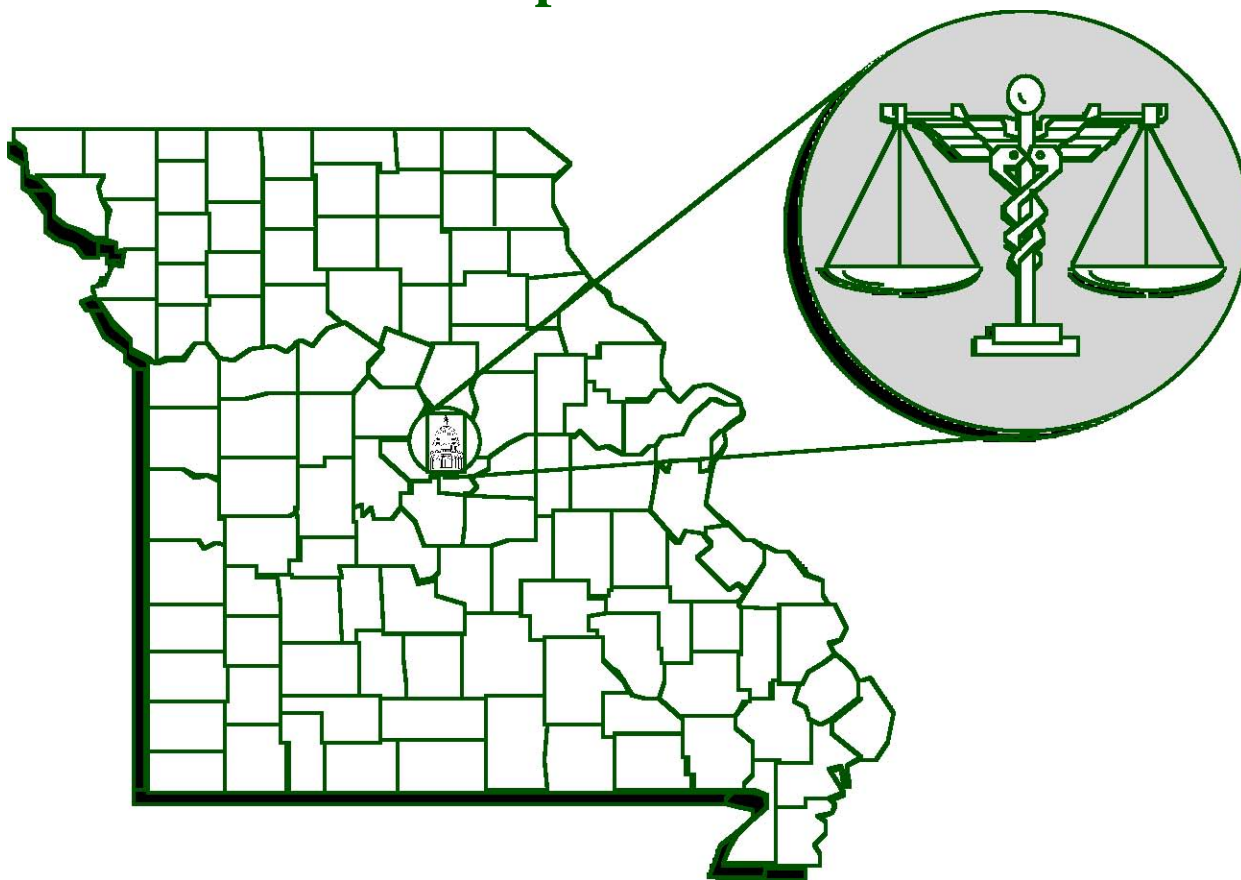


Missouri Health Facilities Review Committee

Certificate of Need Meeting Compendium



**November 18, 2024
State Capitol Building
Joint Committee Room #117
Jefferson City, MO**



MHFRC

Missouri Health Facilities Review Committee

P.O. Box 570, Jefferson City, MO 65102

Voice: (573) 751-6403 Fax: (573) 751-7894

Website: <http://health.mo.gov/information/boards/certificateofneed>

Representative Ben Baker, Chair Representative Steve Butz, Vice Chair
Senator Doug Beck Senator Sandy Crawford Andrew H. Grimm Dr. Patrice Komoroski Michael J. Prost

Memorandum to the Missouri Health Facilities Review Committee

From: Alison Dorge, Program Coordinator
Certificate of Need Program
alison.dorge@health.mo.gov

Date: October 29, 2024

Subject: November 18, 2024, Certificate of Need Meeting

This Compendium is being posted in preparation for our Certificate of Need (CON) meeting scheduled to be held on November 18, 2024 starting at 10:00 a.m., in Joint Committee Room #117 at the state capitol in Jefferson City, MO. Attendees may choose to join the CON meeting in person or by phone. Call-in #: **1-469-998-7961**; Meeting number (access code): **726 757 4#**

There are eight full CON applications under New Business and four Previous Business items. The staff analyses for the applications and applicant requests are included in this compendium. The applications, applicant requests, and additional information can be accessed from our website at health.mo.gov/information/boards/certificateofneed/calendars.php.

Please send Alison an email at alison.dorge@health.mo.gov stating whether or not you will attend the meeting by **November 6, 2024**. It is important that you confirm your attendance to ensure a quorum. If you need a hotel reservation for Sunday night, let her know that as well so arrangements can be made.

Feel free to contact me if you have questions regarding any agenda item. I look forward to our Certificate of Need meeting.

Committee Business

Missouri Health Facilities Review Committee
Certificate of Need Meeting
November 18, 2024, 10:00 a.m.
Joint Committee Room #117, State Capitol Building, Jefferson City OR
Call-in #: **1-469-998-7961**; Meeting number (access code): **726 757 4#**

Tentative Agenda

A. Committee Business

1. Review and Perfect Agenda
2. Approve Minutes

B. New Business

1. #6140 HS: Mercy Hospital South
St. Louis (St. Louis County)
\$3,375,000, Acquire additional linear accelerator
2. #6145 RS: Cedarhurst of Tesson Heights
St. Louis (St. Louis County)
\$3,779,783, Add 29 ALF beds
3. #6141 HS: Select Specialty Hospital
St. Louis (St. Louis County)
\$9,960,128, Establish/Relocate 28-bed LTCH
4. #6121 HS: Lake Regional Imaging Center
Osage Beach (Camden County)
\$2,311,711, Acquire PET/CT unit (PT to FT)
5. #6129 RS: Levering Regional Health Center
Hannibal (Marion County)
\$52,500, Add 179 RCF beds
6. #6124 HS: Southwest Children's, LLC
Springfield (Greene County)
\$3,169,900, Establish 66-bed pediatric hospital (hospital-within-a hospital)
7. #6138 HS: Barnes-Jewish Hospital
St. Louis (St. Louis City)
\$2,809,154, Acquire an additional Hybrid OR
8. #6136 RS: New Hope Assisted Living
Poplar Bluff (Butler County)
\$1,300,000 Add 15 ALF beds

C. Previous Business

1. #6008 RS: St. Louis Assisted Living Solutions, LLC
Wentzville (St. Charles County)
\$2,791,000, Second extension on CON to establish a 16-bed ALF
2. #5847 RS: Hampton Manor of Wentzville
Wentzville (St. Charles County)
\$14,011,000, Involuntary Forfeiture on CON to establish 85-bed ALF
3. #6050 HT: Missouri Cancer Associates
Columbia (Boone County)
\$2,010,733, Second extension on CON to replace PET/CT scanner

4. #5971 RS: Topwood Home, LLC
Manchester (St. Louis County)
\$13,850,000, Fourth extension on CON to establish 75-bed ALF

D. Management Issues

1. Non-Applicability Letters Issued
2. Activity Schedules
3. New CON Rulemaking Proposals
4. Other

Except to the extent disclosure is otherwise required by law, the Missouri Health Facilities Review Committee (Committee) is authorized to close meetings, records and votes to the extent they relate to the following: 610.021.(1), (3), (13), and (14) RSMo.

The Committee may go into closed session at anytime during the meeting. If the meeting is closed, the appropriate section will be announced to the public with a motion and vote recorded in open session minutes.

Missouri Health Facilities Review Committee
Certificate of Need Meeting
October 1, 2024

Minutes

Roll Call:

Presiding: Rep. Ben Baker, Chair

Members Present: Sen. Doug Beck
Sen. Sandy Crawford (phone)
Rep. Steve Butz, Vice Chair
Andrew Grimm (phone)
Dr. Patrice (Pat) Komoroski
Michael Prost

Program Staff: Alison Dorge, Mackinze Lux, Marie Bergesch

Recorder: Mackinze Lux

Legal Counsel: Clayton Weems, Assistant Attorney General

Chairman Baker called the meeting to order at 10:05 a.m. He declared that a quorum was present and welcomed everyone to the meeting.

Chairman Baker asked if there were any changes to the agenda, there were none. Alison stated the applicant for #5126 HT: Northeast Regional Medical Center withdrew their CON application on 9/25/24 and #5880 RS: Hampton Manor of St. Peters owner and operator change was added to the agenda by Rep. Butz on 9/26/24. There was a motion by Rep. Butz, and a second by Mr. Prost. A voice vote was taken, and the agenda was approved.

The meeting minutes from the July 29, 2024, Certificate of Need meeting were reviewed. There was a motion by Rep. Butz and a second by Dr. Komoroski to approve the minutes as presented. A voice vote was taken, and the minutes were approved.

MOTION: A motion was made by Rep. Baker and a second by Rep. Butz to go into a closed meeting per §610.021(1), RSMo, for legal advice. A voice vote was taken and the meeting was closed at 10:07 a.m.

MOTION: A motion was made Mr. Prost and a second by Sen. Beck, to go back into an open meeting. A voice vote was taken and the CON meeting resumed at 10:41 a.m.

New Business

#6110 RS: Mill Creek Village-Assisted Living by Americare Columbia (Boone County) \$0, Add 9 ALF beds

MOTION: A motion was made by Rep. Butz, and seconded by Mr. Prost, to approve the project as presented.

A roll call vote was taken:

Butz	Yes
Crawford	Yes
Beck	Yes
Komoroski	Yes
Prost	Yes
Grimm	Yes

The motion carried, and the project was approved.

#6099 NS: St. Louis Altenheim St. Louis (St. Louis City) \$1,150,000, Add 46 SNF beds

MOTION: A motion was made by Rep. Butz, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Beck	Yes
Komoroski	Yes
Prost	Yes
Grimm	Yes
Butz	Yes
Crawford	Yes

The motion carried, and the project was approved.

#6120 HS: Hannibal Regional Healthcare System Kirksville (Adair County) \$6,986,291, Acquire a linear accelerator

MOTION: A motion was made by Sen. Crawford, and seconded by Sen. Beck, to approve the project as presented.

A roll call vote was taken:

Prost	Yes
Grimm	Abstain
Butz	Yes
Crawford	Yes
Beck	Yes
Komoroski	Yes

The motion carried, and the project was approved.

**#6122 RS: The Grand Royale
Gladstone (Clay County)
\$25,000, Add 52 ALF beds**

MOTION: A motion was made by Sen. Beck, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Grimm	Yes
Prost	Yes
Komoroski	Yes
Beck	Yes
Crawford	Yes
Butz	Yes

The motion carried, and the project was approved.

**#6101 HS: Boone Health
Columbia (Boone County)
\$5,072,000, Acquire two additional robotic surgery units**

MOTION: A motion was made by Mr. Prost, and seconded by Rep. Butz, to approve the project as presented.

A roll call vote was taken:

Komoroski	Yes
Beck	Yes
Crawford	Yes
Butz	Yes
Grimm	Yes
Prost	Yes

The motion carried, and the project was approved.

**#6119 RS: Friendship Village Assisted Living & Memory Care
St. Louis (St. Louis County)
\$8,095,719, Add 28 ALF beds**

MOTION: A motion was made by Dr. Komoroski, and seconded by Rep. Butz, to approve the project as presented.

A roll call vote was taken:

Beck	Yes
Crawford	Yes
Butz	Yes
Grimm	Yes
Prost	Yes
Komoroski	Yes

The motion carried, and the project was approved.

**#6123 HS: St. Louis Children's Hospital/KVC Mental Wellness Campus
St. Louis (St. Louis County)
\$66,640,170, Establish 77-bed pediatric psychiatric hospital**

MOTION: A motion was made by Sen. Beck, and seconded by Mr. Prost, to approve the project as presented.

A roll call vote was taken:

Butz	Yes
Grimm	Yes
Prost	Yes
Komoroski	Yes
Beck	Yes
Crawford	Yes

The motion carried, and the project was approved.

**#6125 HS: Saint Luke's Radiation Therapy - Liberty, LLC
Kansas City (Platte County)
\$1,674,364, Relocate linear accelerator**

MOTION: A motion was made by Sen. Beck, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Komoroski	Yes
Grimm	Yes
Beck	Yes
Crawford	Yes
Butz	Yes
Prost	Yes

The motion carried, and the project was approved.

Chairman Baker called for a recess at 12:04 p.m. The meeting resumed at 12:11 p.m.

Previous Business

#5893 RS: Watermark at St. Peters

St. Peters (St. Charles County)

\$6,650,722, Operator change on CON to establish 22-bed ALF

MOTION: A motion was made by Rep. Butz, and seconded by Mr. Prost, to approve the request as presented.

A roll call vote was taken:

Beck	Yes
Crawford	Yes
Butz	Yes
Prost	Yes
Komoroski	Yes
Grimm	Yes

The motion carried, and the request was approved.

#6011 HS: Pershing Memorial Hospital

Brookfield (Linn County)

\$1,628,509, Second extension on CON to acquire an MRI

MOTION: A motion was made by Mr. Prost, and seconded by Sen. Beck to approve the request as presented.

A roll call vote was taken:

Crawford	Yes
Butz	Yes
Prost	Yes
Komoroski	Yes
Grimm	Yes
Beck	Yes

The motion carried, and the request was approved.

#5929 NS: Eagles Nest Nursing Home

St. Louis (St. Louis City)

\$6,720,385, Fourth extension on CON to establish 40-bed SNF

MOTION: A motion was made by Rep. Butz, and seconded by Mr. Prost, to approve two extensions.

A roll call vote was taken:

Butz	Yes
Prost	Yes
Komoroski	Yes
Grimm	Yes
Beck	Yes
Crawford	Yes

The motion carried, and two extensions were approved.

**#6008 RS: St. Louis Assisted Living Solutions, LLC
Wentzville (St. Charles County)
\$2,791,000, Second extension on CON to establish a 16-bed ALF**

MOTION: A motion was made by Dr. Komoroski, and seconded by Rep. Butz, to defer the request until the November 18, 2024 meeting.

A roll call vote was taken:

Butz	Yes
Crawford	Yes
Beck	Yes
Grimm	Yes
Komoroski	Yes
Prost	Yes

The motion carried, and the request was deferred to the November 18, 2024 full CON meeting.

**#5817 RS: Harmony Homes
Maryland Heights (St. Louis County)
\$10,707,830, Seventh extension on CON to establish an 80-bed ALF**

MOTION: A motion was made by Rep. Butz and seconded by Mr. Prost, to approve two extensions.
A roll call vote was taken:

Crawford	No Response
Beck	Yes
Grimm	Yes
Komroski	Yes
Prost	Yes
Butz	Yes

The motion carried, and two extensions were approved.

Senator Crawford exited the meeting at 12:35 p.m.

**#5843 RS: Senior Living at the Elms
Excelsior Springs (Clay County)
\$25,194,000, Voluntary forfeiture on CON to establish 110-bed ALF**

MOTION: A motion was made by Mr. Prost and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Beck	No
Grimm	No
Komoroski	Yes
Prost	Yes
Butz	No

The motion failed, and the request was not approved.

MOTION: A motion was made by Sen. Beck and seconded by Rep. Butz, to approve an involuntary forfeiture.

A roll call vote was taken:

Beck	Yes
Grimm	Yes
Komoroski	Yes
Prost	Yes
Butz	Yes

The motion carried, and an involuntary forfeiture was approved.

#6030 RS: Zebra Hitch Senior Living

Lee's Summit (Jackson County)

\$42,000,000, Second extension on CON to establish a 134-bed ALF

MOTION: A motion was made by Rep. Butz, and seconded by Mr. Prost, to approve two extensions.

A roll call vote was taken:

Grimm	Yes
Komoroski	Yes
Prost	Yes
Butz	Yes
Beck	Yes

The motion carried, and two extensions were approved.

#6040 HT: Barnes-Jewish Hospital

St. Louis (St. Louis City)

\$3,571,428, Second extension on CON to replace a linear accelerator

MOTION: A motion was made by Dr. Komoroski, and seconded by Rep. Butz, to approve the request as presented.

A roll call vote was taken:

Komoroski	Yes
Prost	Yes
Butz	Yes
Beck	Yes
Grimm	Yes

The motion carried, and the request was approved.

**#5996 HT: SoutheastHealth
Cape Girardeau (Cape Girardeau County)
\$2,165,236, Voluntary forfeiture on CON to replace an MRI**

MOTION: A motion was made by Rep. Butz and seconded by Mr. Prost, to approve the request as presented.

A roll call vote was taken:

Prost	Yes
Butz	Yes
Beck	Yes
Grimm	Yes
Komoroski	Yes

The motion carried, and the request was approved.

**#5847 RS: Hampton Manor of Wentzville
Wentzville (St. Charles County)
\$14,011,000, Involuntary Forfeiture on CON to establish 85-bed ALF**

MOTION: A motion was made by Rep. Butz, and seconded by Sen. Beck, to defer the request until the November 18, 2024 meeting.

A roll call vote was taken:

Grimm	Yes
Prost	Yes
Butz	Yes
Komoroski	Yes
Beck	Yes

The motion carried, and the request was deferred to the November 18, 2024 full CON meeting.

**#5880 RS: Hampton Manor of St. Peters
St. Peters (St. Charles County)
\$16,089,000, Owner and operator change on CON to establish a 98-bed ALF**

MOTION: A motion was made by Rep. Butz, and seconded by Dr. Komoroski, to approve the request as presented.

A roll call vote was taken:

Beck	Yes
Butz	Yes
Prost	Yes
Komoroski	Yes
Grimm	Yes

The motion carried, and the request was approved.

Management Issues

The Committee reviewed the list of Non-Applicability letters issued. There was a motion by Sen. Beck, and seconded by Mr. Prost to confirm the letters. A voice vote was taken and the letters were confirmed.

The 2025 CON meeting and application review calendar drafts were reviewed. There was a motion by Mr. Prost and a second by Rep. Butz to approve the 2025 CON meeting and review calendars. A voice vote was taken and the calendars were approved.

There was a motion made by Dr. Komoroski and a second by Mr. Prost to adjourn. A voice vote was taken and the meeting adjourned at 1:05p.m.

I, Chair of the Missouri Health Facilities Review Committee, certify that the Committee has on this day reviewed and approved these minutes of the October 1, 2024 Certificate of Need Meeting.

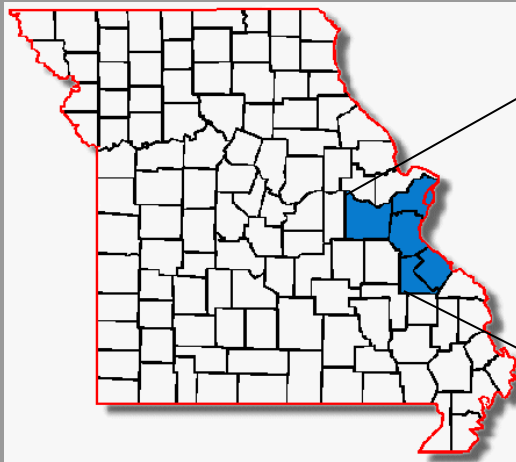
Representative Ben Baker, Chair

Date

New Business

#6140 HS: Mercy Hospital South

Acquire an Additional Linear Accelerator



Location in Missouri



View of Service Area

Applicant: Mercy Hospital East Communities (owner)
Mercy Hospital South (operator)

Contact Person: Tyler Sturgeon, 314-525-1930
Tyler.sturgeon@mercy.net

Project Address: 10010 Kennerly Road
St. Louis, 63128 (St. Louis County)

Cost: \$3,375,000

Appl. Rec'd: September 6, 2024
100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(2) Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) Documented

#6140 HS: Mercy Hospital South

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire a 3rd linear accelerator**. It would be a Accuray CyberKnife linear accelerator unit and be located at the David M. Sindelar Cancer Center within Mercy Hospital South. The project includes the unit and required software. The applicant expects the unit to arrive by March of 2025 and to be operational by May 2025.

The applicant described the approximate service area as follows: Franklin, Jefferson, St. Francois, St. Louis City, St. Louis County, and St. Genevieve.

The public was notified of the project through an announcement in the *St. Louis Post Dispatch*. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. Three letters expressing support and no letters of opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Equipment and New Hospitals" was **documented**.*

For additional linear accelerator units, an optimum annual utilization standard of 6,000 treatments applies. The applicant's number of treatments using the existing two units during fiscal years 2022, 2023 and 2024 was 20,579, 20,775 and 21,821 respectively. Therefore, **the utilization standard has been met**.

The projected annual utilization for three linear accelerators during years 1, 2 and 3 after project completion is: 24,615, 25,347, and 26,121 treatments respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

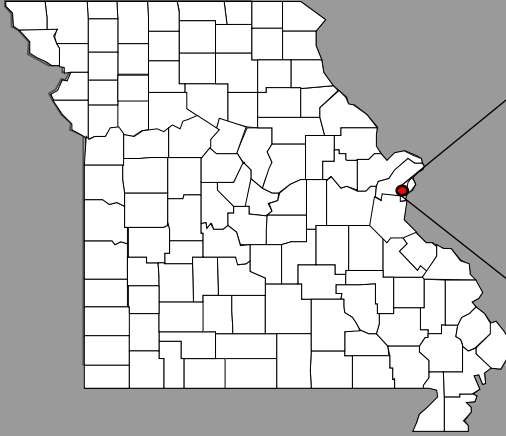
The application included Mercy Health's consolidated financial statements showing sufficient funds are available to finance the project.

ADDITIONAL INFORMATION:

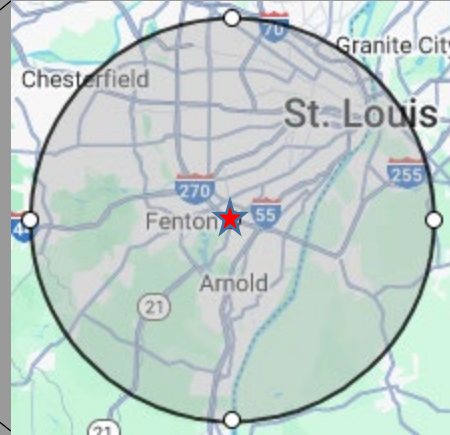
No additional information was required from the applicant.

#6145 RS: Cedarhurst of Tesson Heights

Add 29 Assisted Living Facility Beds



Location in Missouri



View of Service Area

Applicant: Cedarhurst of Tesson Heights Real Estate, LLC (owner)
Cedarhurst of Tesson Heights Operator, LLC (operator)

Contact Person: Tina Bade, 314-884-3185
tbade@dover-development.com

Location: 12335 W Bend Dr.
St. Louis, 63128 (St. Louis County)

Cost: \$3,779,783

Appl. Rec'd: September 6, 2024
100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.450(1) **Not Documented**
- Financial Feasibility..... 19 CSR 60-50.470(1-4) . Documented

#6145 RS: Cedarhurst of Tesson Heights

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **add 29 assisted living facility (ALF) beds to an existing 79-bed ALF**. This project involves reallocating 17 unlicensed independent living apartments to ALF space and does not require any new construction or renovations. The application states that this change will allow the facility to offer more cohabitating spaces and more assisted living within the area. After project completion, all rooms will be private, however 12 rooms will offer cohabitating options.

The applicant expects the beds to become licensed immediately after CON approval.

An announcement of the project was placed in the *Arnold-Imperial Leader* and the *St. Louis Dispatch* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities in the 15-mile radius. No letters of support or opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Long-Term Care" was **not documented**.*

For additional long-term care beds, the population-based need formula **[Unmet Need = (S x P) – U]** applies as follows:

Where: S = Service-specific need rate of 25 beds per 1,000 population aged 65+
P = Year 2025 population age 65+ in the 15-mile radius
U = Number of existing licensed (5,396) and approved (559) ALF/RCF beds in the 15-mile radius (403 licensed beds were reported as unavailable.)

Unmet need = $(0.025 \times 210,877) - 5,955 = \textbf{-683 bed (surplus)}$

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey data for the 1st quarter of 2023 through the 2nd quarter of 2024 (copy attached), the average available bed occupancy for all of the facilities within the 15-mile radius was **71.6%, 73.1%, 72.1%, 71.7%, 72.7%, and 73%**, respectively.

The applicant stated that utilization for the existing beds for years 2021, 2022, and 2023 was 55.1%, 58.6%, and 63.9% respectively. The applicant projected utilization for years 2025, 2026, and 2027 to be 74%, 80.5%, and 80.5%, respectively.

#6145 RS: Cedarhurst of Tesson Heights

The facility has not received a notice of noncompliance within the past 18 months.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The application included financial statements from UMB to show that sufficient funds are available.

ADDITIONAL INFORMATION:

Additional information was required from the applicant and is included with the electronic copy of the application on the CON website.

Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %	
Jefferson	Arnold Senior Living (CON App. 5/6/2	38.418639, -90.412996	Arnold	63010	78	0	0	0									
Jefferson	Cedarhurst of Arnold	2069 MO State Road	Arnold	63010	0	94	0	94	83.9%	94.2%	91.3%	82.3%	80.8%	8,554	6,715	78.5%	84.9%
Jefferson	Meadowview Memory Care	555 Woodland Villas Lane	Arnold	63010	0	24	0	24	82.6%	84.5%	82.7%	83.2%	86.0%	2,093	1,688	80.6%	83.3%
Jefferson	Pine Valley at the Woodlands	620 Woodland Meadows	Arnold	63010	0	48	0	48	81.0%	85.6%	73.4%	79.4%	77.2%	4,368	3,405	78.0%	79.1%
Subtotal for	Jefferson	Number of Units in Subtotal:	4		78	166	0	166	82.8%	90.1%	84.5%	81.6%	80.5%	15,015	11,808	78.6%	82.9%
St Louis	Aberdeen Heights	505 Couch Ave	Kirkwood	63122	0	36	0	36	77.7%	82.6%	76.5%	77.2%	78.6%	3,276	2,601	79.4%	78.7%
St Louis	Allegro	1055 Bellevue Avenue	Richmond Height	63117	0	88	0	88	76.8%	78.1%	84.1%	83.3%	79.9%	8,008	6,577	82.1%	80.7%
St Louis	Ascension Living Sherbrooke Village	4005 Ripa Ave	St Louis	63125	0	88	0	88	55.3%	52.9%	52.4%	53.4%	56.8%	8,008	4,728	59.0%	55.0%
St Louis	Assisted Living at Charless Village	5943 Telegraph Rd	St Louis	63129	0	18	0	18	85.2%	92.2%	90.9%	96.3%	99.6%	1,608	1,536	95.5%	93.3%
St Louis	Autumn View Gardens	16219 Autumn View Terrace Dr	Ellisville	63011	0	150	0	150	62.0%	62.0%	59.3%	62.0%	62.0%	13,650	7,864	57.6%	60.8%
St Louis	Autumn View Gardens at Schuetz Ro	11210 Schuetz Rd	St Louis	63146	0	110	0	110	80.9%	79.9%	92.0%	90.5%	86.6%	10,010	8,589	85.8%	86.0%
St Louis	Avalon Memory Care	5342 Butler Hill Road	St Louis	63128	30	30	0	30	84.0%	96.0%	96.0%	80.0%	79.2%	2,184	1,911	87.5%	87.2%
St Louis	Bethesda Hawthorne Place	1111 South Berry Road	St Louis	63122	0	66	0	66	86.0%	85.3%	83.3%	87.7%	89.0%	6,006	5,409	90.1%	86.9%
St Louis	Boarding Inn, The	9444 Midland Blvd	Overland	63114	0	0	40	40	68.3%	65.0%	65.0%	70.0%	70.0%	3,640	2,366	65.0%	67.2%
St Louis	Brentmoor Retirement Community	8600 Delmar Blvd	St Louis	63124	0	36	0	36	91.0%	91.8%	97.5%	90.6%	94.1%	1,638	1,541	94.1%	93.2%
St Louis	Brookdale Creve Coeur	One New Ballas Place	Creve Coeur	63146	0	46	0	46	75.4%	77.5%	83.4%	78.9%	80.2%				79.1%
St Louis	Brookdale West County	785 Henry Ave	Ballwin	63011	0	98	0	98	66.0%	66.1%	69.8%	68.4%	74.2%	8,827	7,238	82.0%	71.1%
St Louis	Brooking Park	307 South Woods Mill Rd	Chesterfield	63017	0	93	0	93	38.9%	32.8%	35.1%	37.7%		7,917	4,005	50.6%	39.1%
St Louis	Cape Albeon	3300 Lake Bend Dr	Valley Park	63088	0	100	0	100	76.2%	78.4%	26.1%	77.2%	92.1%	6,097	5,614	92.1%	72.8%
St Louis	Care Network of South County	1204 Telegraph Rd	St Louis	63125	0	0	38	38	82.5%	84.2%		92.1%					86.3%
St Louis	Cedarhurst of Des Peres	12826 Daylight Circle	St. Louis	63131	0	76	0	76	77.3%	92.9%			74.9%				81.2%
St Louis	Cedarhurst of Tesson Heights	12335 West Bend Dr	St Louis	63128	0	79	0	79	57.9%	67.9%	58.8%	72.2%	65.2%				64.4%
St Louis	Chesterfield Villas	14901 North Outer 40 Road	Chesterfield	63017	0	54	0	54	55.9%	55.8%	59.3%	70.4%	66.6%	4,464	2,778	62.2%	61.6%
St Louis	Clarendale Clayton (opened 12/30/2021)	7651 Clayton Road	Clayton	63117	0	98	0	98	34.1%	52.0%	48.6%	51.3%	49.7%	8,918	4,577	51.3%	47.9%
St Louis	Creve Coeur Assisted Living and Memory Care	693 Decker Lane	Creve Coeur	63141	0	110	0	110	62.1%	60.9%		66.7%	71.7%	8,099	7,189	88.8%	69.3%
St Louis	Dolan Memory Care At Calais	1225 Tennant Rd	St Louis	63146	0	44	0	44	85.0%	80.0%	84.8%	76.9%	78.0%	4,004	3,399	84.9%	81.6%
St Louis	Dolan Memory Care at Conway	12550 Conway Rd	Creve Coeur	63141	0	9	0	9	99.6%	89.8%	83.3%	75.0%	79.3%	637	576	90.4%	86.0%
St Louis	Dolan Memory Care At Frontier	11566 Frontier Dr	St Louis	63146	0	20	0	20	91.6%	95.3%	88.1%	88.4%	86.0%	1,638	1,455	88.8%	89.8%
St Louis	Dolan Memory Care At Mason Manor	12740 Mason Manor	St Louis	63141	0	8	0	8	100.0%	100.0%	100.0%	100.0%	100.0%	546	546	100.0%	100.0%
St Louis	Dolan Memory Care At Schuetz	1706 Schuetz Rd	St Louis	63146	0	10	0	10	89.2%	83.4%	92.6%	85.4%	80.0%	819	667	81.4%	85.3%
St Louis	Dolan Memory Care at Waterford Crossing (CON approved 03/02/15) (Opened 22 licensed 09/27/18)(11 ALF beds licensed 2/04/19)(11 ALF beds licensed 8/27/19)(licensed 11 beds 3/25/20)(licensed 11 beds 2/11/21) (Licensed 11 beds 4/21/22)	11350 Dolan Way	St. Louis	63146	0	88	0	88	87.5%	87.8%	87.6%	89.1%	90.2%	7,553	6,825	90.4%	88.8%
St Louis	Dougherty Ferry Assisted Living & Memory Care	2929 Dougherty Ferry Road	Saint Louis	63122	0	110	0	110	35.4%	40.9%	40.7%	54.1%	62.8%	10,010	6,477	64.7%	49.8%
St Louis	Family Partners Home LLC (Closed 12/22/23)	232 Creve Coeur Ave	Saint Louis	63011	0	0	0	0	100.0%	97.3%	46.9%						81.2%

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Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %	
St Louis	Family Partners Manchester	351 Forest Summit Court	Manchester	63021	0	42	0	42	100.0%	100.0%	94.3%	81.4%	83.1%	3,458	3,118	90.2%	88.6%
St Louis	Fountains of West County AL, LLC, T	15822 Clayton Road	Ellisville	63011	0	80	0	80	68.9%	72.9%	73.7%	75.0%	71.3%	7,280	5,278	72.5%	72.4%
St Louis	Friendship Village Assisted Living & Memory Care (1)	15250 Village View Drive	Chesterfield	63017	0	66	0	66	94.7%	94.3%	95.0%	95.5%	94.7%	5,716	5,220	91.3%	94.3%
St Louis	Friendship Village Assisted Living & Memory Care (2)	12777 Pointe Dr.	St. Louis	63127	0	84	0	84	90.1%	89.9%	89.9%	91.8%	89.4%	6,922	6,194	89.5%	90.1%
St Louis	Gables at Brady Circle, LLC, The(8 beds licensed on 2/19/16, 8 beds licensed on 9/12/16, 8 beds licensed 3/23/18, 8 beds licensed 7/31/19)	11 Brady Circle	St. Louis	63114	48	32	0	32	65.7%	70.8%	56.3%	53.2%	60.3%	2,912	1,942	66.7%	62.1%
St Louis	Garden Villas	13590 S Outer 40 Rd	Town and Country	63017	0	46	0	46	71.3%	69.8%	73.1%	63.7%	68.4%	3,736	2,477	66.3%	68.8%
St Louis	Garden Villas of Meramec Valley (CON App 3/5/18)	1 Arbor Terrace	Fenton	63026	60	0	0	0									
St Louis	Garden Villas South	13457 Tesson Ferry Road	St Louis	63128	0	83	0	83	66.3%	62.8%	58.8%	59.1%	64.3%	6,923	4,097	59.2%	61.7%
St Louis	Grande at Creve Coeur, The	450 N. Lindbergh Blvd.	Creve Coeur	63141	0	58	0	58	79.8%	79.8%	77.4%	66.6%	55.8%	5,278	3,185	60.3%	70.1%
St Louis	Grande at Laumeier Park, The	12470 Rott Road	Sunset Hills	63127	0	98	0	98	57.3%	60.4%	69.8%	68.2%	66.4%	8,918	6,037	67.7%	65.0%
St Louis	Harmony Homes (CON App 1/4/21)	200 Plum Avenue; 43 Monim Drive; 201 Old Dorsett Rd; 203 Old Dorsett Rd; 209 Old Dorsett Rd; 307 Old Dorsett Rd; 309 Old Dorsett Rd.	Maryland Heights	63043	80	0	0	0									
St Louis	Jane Howell Stupp Apartments	2443 Prouhet Ave	Overland	63114	0	0	30	30	100.0%	100.0%	100.0%	100.0%	100.0%	1,365	1,365	100.0%	100.0%
St Louis	Kingsland Walk Senior Living	868 Kingsland Ave	University City	63130	0	70	0	70	65.7%	61.1%	67.6%	62.2%	60.4%	6,370	4,149	65.1%	63.7%
St Louis	Laclede Commons	727 S Laclede Station Rd	St Louis	63119	0	242	0	242	85.0%	94.5%	93.6%	90.5%	93.3%	11,444	10,506	91.8%	91.4%
St Louis	Lutheran Senior Services at Meramec Bluffs (LTC Expansion to purchase 10 ALF beds app. 11/06/2023)	50 Meramec Trail Dr	Ballwin	63021	10	100	0	100	90.0%	89.9%	94.0%	87.0%	91.8%	7,837	7,243	92.4%	90.9%
St Louis	Marymount Manor	313 Augustine Rd	Eureka	63025	0	0	100	100	51.9%	54.6%	54.3%	41.2%	40.8%	4,186	1,617	38.6%	46.9%
St Louis	Mason Pointe Care Center (CON App 3/7/2022)	13190 South Outer 40 Road	Chesterfield	63017	24	62	0	62	94.0%	90.6%	86.7%	85.7%	86.5%	4,277	4,232	98.9%	90.2%
St Louis	Mattis Pointe-Assisted Living by Americare	4962 Mattis Road	St. Louis	63128	0	120	0	120	54.3%	56.4%	55.9%	54.8%	55.9%	10,920	6,121	56.1%	55.5%
St Louis	McKnight Place Assisted Living and Memory Care	Three McKnight Place	St Louis	63124	0	120	0	120	69.8%	75.1%	85.5%	66.6%	67.7%	10,920	7,539	69.0%	71.7%
St Louis	Mother Of Perpetual Help Residence, Inc	7609 Watson Rd	St Louis	63119	0	160	0	160	62.3%	71.2%	74.3%	76.8%	74.4%	14,560	10,756	73.9%	72.2%
St Louis	Nazareth Living Center	#2 Nazareth Lane	St Louis	63129	0	114	0	114	93.0%	94.0%	93.4%	91.4%	90.6%	10,374	9,642	92.9%	92.6%
St Louis	Promenade Senior Living	8825 Eager Road	St. Louis	63144	0	90	0	90	36.3%	37.8%	36.0%						36.7%
St Louis	Richmond Terrace Assisted Living	1633 Laclede Station Rd	St Louis	63117	0	99	0	99	69.1%	76.3%	75.1%	69.1%	61.7%	6,552	3,991	60.9%	68.8%
St Louis	Shelbourne Senior Living (Previously Chesterfield Senior Care) (CON Approved 7/12/10)	16125 Chesterfield Parkway	Chesterfield	63005	51	0	0	0									
St Louis	Southview Assisted Living	9916 Reavis Rd	Afton	63123	0	116	0	116	70.7%	73.0%	75.5%	79.7%	76.7%	10,556	8,491	80.4%	76.0%
St Louis	Sunrise of Chesterfield	1880 Clarkson Rd	Chesterfield	63017	0	3	0	3	75.9%	65.6%	34.8%		96.3%				68.0%
St Louis	Sunrise of Webster Groves	45 East Lockwood	St Louis	63119	0	90	0	90									
St Louis	Superior Manor Of Downtown, LLC	1501 Clinton St	St. Louis	63106	0	0	40	40	100.0%	57.5%	62.5%	70.0%	60.0%	3,640	2,002	55.0%	64.2%
St Louis	Sylvan House	30 Sherman Rd	St Louis	63125	0	0	40	40	87.5%	85.0%	85.0%	85.0%	80.0%	3,640	3,003	82.5%	84.2%

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Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %	
St Louis	The Grande at Chesterfield	16300 Justus Post Road	Chesterfield	63017	0	95	0	95	71.2%	64.3%	62.5%	56.3%	56.9%	8,645	5,604	64.8%	62.7%
St Louis	The Plaza at Wildwood Senior Living	251 Plaza Drive	Wildwood	63040	0	94	0	94	83.4%	82.6%	85.5%	75.4%	72.8%	8,554	6,270	73.3%	78.8%
St Louis	The Town & Country Senior Living	1020 Woods Mill Rd	Town & Country	63017	0	95	0	95	63.2%	66.6%	73.3%	64.4%	66.4%	8,554	5,548	64.9%	66.5%
St Louis	Topwood Home, LLC (CON App. 11/10/22)	4 Topwood Dr	Manchester	63011	75	0	0	0									
St Louis	Vantage Pointe at Adworth Drive (CON App. 1/7/19)	1025 & 1031 Adworth Drive	Mehlville	63125	71	0	0	0									
St Louis	Westview at Ellisville Assisted Living	27 Reinke Rd	Ellisville	63021	0	99	0	99	55.6%	48.0%	47.8%	47.2%	48.9%	9,009	4,399	48.8%	49.2%
Subtotal for St Louis					449	4,023	288	4,311	69.6%	70.8%	70.6%	71.6%	72.5%	320,103	234,494	73.3%	71.4%
St Louis City	Akins Health Care, Inc	4432 West Belle Pl	St Louis	63108	0	0	20	20	65.0%	70.0%	65.0%	85.0%	75.0%	1,820	1,274	70.0%	71.7%
St Louis City	Benedict Joseph Labre Center	3863 Cleveland	St Louis	63110	0	0	15	15	70.7%	67.0%	55.2%	60.8%	84.8%	1,365	1,258	92.2%	71.7%
St Louis City	Care Network at Waterman	5143 Waterman Blvd	St Louis	63108	0	0	41	41	82.1%	78.9%		80.5%					80.5%
St Louis City	Care Network of Linden	4336 Lindell Blvd	St Louis	63108	0	0	20	20	95.0%	93.3%							94.1%
St Louis City	Carondelet Retirement Manor (1 of 3 CON App licensed 7/18/23)	6811 Michigan	St Louis	63111	2	0	34	34	98.5%	97.8%	93.9%	92.6%	97.0%	3,094	3,060	98.9%	96.4%
St Louis City	Chateau Ann Marie	7700 Minnesota Ave	St. Louis	63111	0	22	0	22	99.0%	96.3%	95.3%	99.2%	95.1%	1,456	1,372	94.2%	96.5%
St Louis City	Cherokee Residential Care Acquisition LLC	3409 Missouri Ave	St Louis	63118	0	0	34	34	97.8%	98.9%	100.0%	97.8%	98.7%	2,730	2,669	97.8%	98.5%
St Louis City	Cooper House	4385 Maryland Ave	St Louis	63108	0	0	36	36	88.0%	88.3%	90.9%	84.1%	86.9%	3,276	3,029	92.5%	88.4%
St Louis City	Holly Hills Retirement Home	6421 Minnesota	St Louis	63111	0	0	15	15	98.5%	98.1%	96.2%	98.1%	95.9%	1,183	1,091	92.2%	96.5%
St Louis City	Kasey Paige Health Care Center	3715 Jamieson Ave	St Louis	63109	0	0	111	111	82.0%	80.2%	81.1%	83.0%	86.7%	9,828	7,855	79.9%	82.1%
St Louis City	Living Life Long Residential Care, LLC	5076 Waterman	St Louis	63108	0	0	20	20	83.4%	83.3%	81.6%	88.4%	95.0%	1,820	1,638	90.0%	86.9%
St Louis City	Mary Ryder Home (Closed 1/1/23)	4361 Olive St	St Louis	63108	0	0	0	0									
St Louis City	Ms B's Blessings (Closed 1/1/2024)	4739 Cote Brillante Ave	St Louis	63113	0	0	0	0	33.3%	16.7%		16.7%					22.2%
St Louis City	Newstead Place	19 North Newstead	St Louis	63108	0	0	20	20	100.0%	100.0%	100.0%	100.0%	100.0%	455	455	100.0%	100.0%
St Louis City	Oasis Residential Care Facility (20 RCF beds to be replaced at Oasis Residential @ Emerson)	3508 Prairie Ave	St Louis	63107	0	0	20	20	99.3%	95.0%	95.0%	95.0%	90.0%	1,820	1,638	90.0%	94.0%
St Louis City	Provision of Promise, LLC (Opened 04/24/23)	4528 North Market St	St Louis	63113	0	0	20	20			25.0%	25.0%					25.0%
St Louis City	Riverview, The (Closed 2/15/23)	5500 South Broadway	St Louis	63111	0	0	0	0									
St Louis City	Seymour Residential Care Facility Inc (Closed 11/01/23)	730 Hodiament Ave	St Louis	63112	0	0	0	0	80.0%	80.0%							80.0%
St Louis City	Silver Spur	3300 Texas Ave	St Louis	63118	0	37	0	37	98.2%	99.1%	98.7%	99.0%	98.0%	3,367	3,302	98.1%	98.5%
St Louis City	Smiley Manor LLC	5415 Thekla	St Louis	63120	0	0	20	20	75.0%	80.0%	90.0%	95.0%	80.0%	1,820	1,820	100.0%	86.7%
St Louis City	Smiley Manor West, LLC	1119 Goodfellow Blvd	St. Louis	63112	0	0	27	27	14.8%	22.2%	22.2%	22.2%	22.2%	2,457	728	29.6%	22.2%
St Louis City	Spring Manor	3610 Palm St	St Louis	63107	0	94	0	94	38.4%	46.2%	50.0%	49.8%	53.2%	8,554	4,541	53.1%	48.5%
St Louis City	St Elizabeth Hall	325 North Newstead Ave	St Louis	63108	0	50	0	50	90.3%	91.4%	90.1%	86.7%	85.7%	4,459	3,761	84.3%	88.1%
St Louis City	St Louis Hills Assisted Living and Memory Care	6543 Chippewa St	St Louis	63109	0	181	0	181	90.0%	88.0%	90.0%	44.6%	45.7%	16,471	7,279	44.2%	62.4%
St Louis City	St. Louis Altenheim (CON App. 11/10/22)	5408 South Broadway	St. Louis	63111	30	23	0	23	80.6%	74.4%	74.9%	78.6%	74.2%	2,093	1,467	70.1%	75.5%
St Louis City	Union Manor, LLC	2711 North Union Blvd	St Louis	63113	0	0	50	50	78.0%	84.0%	64.0%	76.0%	68.0%	4,550	3,094	68.0%	73.0%
St Louis City	West Pine Group Home	4232 West Pine Blvd	St Louis	63108	0	0	9	9	100.0%	100.0%		96.4%	88.9%	819	734	89.6%	94.7%

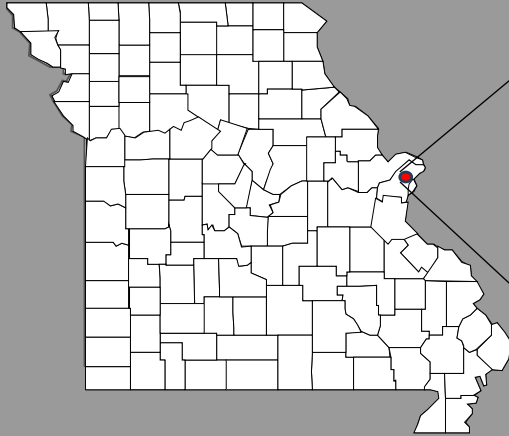
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Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

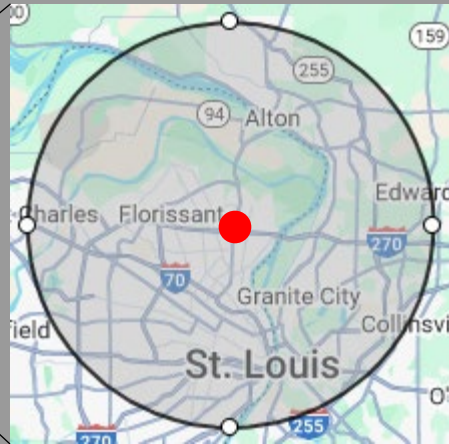
County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %	
Subtotal for	St Louis City	Number of Units in Subtotal:		27	32	407	512	919	78.8%	79.9%	77.0%	70.1%	71.9%	73,437	52,065	70.9%	74.7%
GRAND TOTALS:		Number in State:		94	559	4,596	800	5,396	71.6%	73.1%	72.1%	71.7%	72.7%	408,555	298,367	73.0%	72.4%

#6141 HS: *Select Specialty Hospital*

Relocate/Establish a 28-bed Long-term Care Hospital



Location in Missouri



View of Service Area

Applicant: Intensiva Hospital of Greater St. Louis Inc., dba Select Specialty Hospital (owner)
Intensiva Hospital of Greater St. Louis, Inc (operator)

Contact Person: Jon Dalton, 314-342-8079
Jdalton@atllp.com

Project Address: 11133 Dunn Road
St. Louis 63136 (St. Louis County)

Cost: \$9,960,128

Appl. Rec'd: September 6, 2024
100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(1) **Documented**
- Financial Feasibility..... 19 CSR 60-50.470(1-4) . Documented

#6141 HS: *Select Specialty Hospital*

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description was **complete**.*

The applicant proposes to **relocate/establish a long-term care hospital** (LTCH) with 28 licensed beds. The proposal relocates 28 of the current 38 licensed LTCH beds located within Missouri Baptist Medical Center, to Christian Hospital, which is 14.71 miles away. The remaining ten beds will not be licensed at either location. The project is requested due to the expansion of services at the Missouri Baptist Medical Center location and Select Specialty's need for leased space.

Renovations of approximately 17,059 square feet would be needed for the proposed facility. A site plan and schematic drawings were provided.

The renovations are expected to commence as soon as CON is granted and be completed by April of 2025. The first patient is expected to be seen in May of 2025.

An announcement of the project was placed in the *St. Louis Post Dispatch* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities in the 15-mile radius. No letters of support or opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Long Term Care" was **documented**.*

For additional long-term care beds, the population-based need formula **[Unmet Need = (S x P) – U]** applies as follows:

Where: S = Service-specific need rate of 0.1 beds per 1,000 population
P = Year 2025 total population in the 15-mile radius
U = Number of existing licensed (76) and approved (0) LTCH beds in the 15-mile radius (0 licensed beds were reported as unavailable.)

Unmet need = $(0.0001 \times 832,758) - 76^* = \mathbf{7\text{-bed need}}$

**Select Specialty Hospital's 38 existing LTCH beds are included the need calculation, however no new LTCH beds are added in the service area as a result of this project. If Select's 38 beds were removed, the calculation would reflect a 45-bed need.*

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey data for the 1st quarter of 2023 through the 2nd quarter of 2024 (copy attached), the average available bed occupancy for all of the

#6141 HS: *Select Specialty Hospital*

facilities within the 15-mile radius was **79.7%, 72.3%, 69.5%, 69.8%, 73.9%, and 78.4%**, respectively.

The applicant suggests an alternate one-county service area which is the actual geographic area the existing hospital serves. The suggested area includes St. Louis County.

Historical utilization for the existing facility for fiscal years 2021, 2022 and 2023 was not provided by the applicant. However, based on the LTCH survey, the historical utilization for years 2021, 2022, and 2023 was **79.0%, 79.2%, and 84.9% respectively**. The applicants project utilization for the new facility for years 2026, 2027, and 2028 to be 89%, 90%, and 90% respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The application included a letter from J.P.Morgan stating the applicant has sufficient funding for the project.

ADDITIONAL INFORMATION:

Additional information was required from the applicant and is included with the electronic application on the CON website.

Six-Quarter Occupancy of Long Term Care Hospital Facility Licensed and Available Beds

						CON App	Lic. Beds	1st Qtr '23 Pat Days			2nd Qtr '23 Pat Days			3rd Qtr '23 Pat Days			4th Qtr '23 Pat Days			1st Qtr '24 Pat Days			2nd Qtr '24 Pat Days		
Type	County	Facility Name	Address	City	Zip			Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%
LH	St. Louis	Kindred Hospital - St. Louis South	10018 Kennerly Road, Hyland Bldg. 3rd Floor	St. Louis	63128	0	38	3420	2360	69.0%	3458	2081	60.2%	3496	2003	57.3%	3496	1962	56.1%	3458	1985	57.4%	3496	2273	65.0%
LH	St. Louis	Select Specialty Hospital-Town & Country	3015 N Ballas Rd.	St. Louis	63131	0	38	3420	3094	90.5%	3458	2916	84.3%	3496	2858	81.8%	3496	2916	83.4%	3458	3124	90.3%	3496	3209	91.8%
Subtotals for St. Louis						0	76	6840	5454	79.7%	6916	4997	72.3%	6992	4861	69.5%	6992	4878	69.8%	6916	5109	73.9%	6992	5482	78.4%

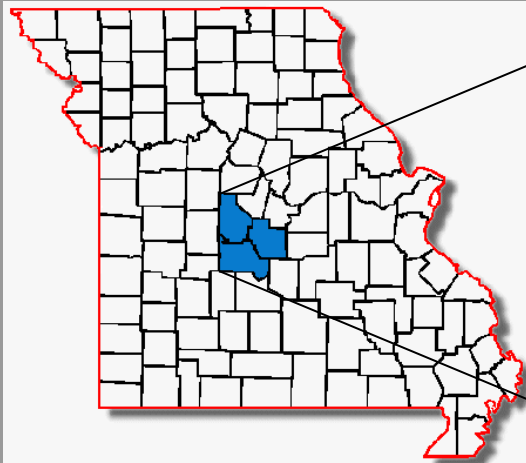
LH: Long Term Acute Care Hospital
AL: CON Approved but Unlicensed

Last updated August 5, 2024

(An empty field signifies "no information" either because the facility is closed or recently opened-see facility name for special notes .)

#6121 HS: Lake Regional Imaging Center

Acquire PET/CT Unit



Location in Missouri



View of Service Area

Applicant: Lake Regional Imaging Partners, LLC (owner/operator)

Contact Person: Jon Dalton, 314-342-8079
jdalton@atltp.com

Project Address: 1075 Nichols Road
Osage Beach, 65065 (Camden County)

Cost: \$2,311,711

Appl. Rec'd: September 6, 2024

100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary ..19 CSR 60-50.430(3)Documented
- Detailed Description19 CSR 60-50.430(4)Documented
- Community Need.....19 CSR 60-50.440(1)**Documented**
- Financial Feasibility19 CSR 60-50.470(2-4)...Documented

#6121 HS: Lake Regional Imaging Center

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire a full-time positron emission tomography/computed tomography (PET/CT)**. It would be a Siemens Biograph Trinion EP PET/CT unit. Currently, the applicant utilizes a part-time mobile unit two days per week. Upon the installation of the new PET/CT, the applicant would discontinue use of the mobile unit. The project includes renovations of an existing suite and the unit. The applicant stated renovations will start immediately upon CON approval and the first patient will be seen in April of 2025.

The community to be served consists of three Missouri counties: Camden, Miller, and Morgan.

An announcement was published in the *Lake Media* making the public aware of the project. No letters of support or opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Equipment and New Hospitals" was **documented**.*

For new units, a minimal annual utilization standard of 1,000 procedures for existing PET/CT units in the service area applies. However, there are no permanent PET/CT scanners within the service area. The applicant reported the following historical utilization of the existing part-time unit which is used two days each week.

	Year 2021	Year 2022	Year 2023
2 days/week	400	459	659

The applicant projects the number of scans for years 2026, 2027 and 2028 to be 1,300, 1,560, and 1,820 respectively.

The applicant stated that the new full-time unit is needed for improving patient access, reducing stressful wait-times, and eliminating the need to travel elsewhere.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The applicant provided the leasing schedule from Siemens, loan documentation from The Central Trust Bank, and a letter from Central Bank of Lake of the Ozarks documenting unrestricted/loan funds are available.

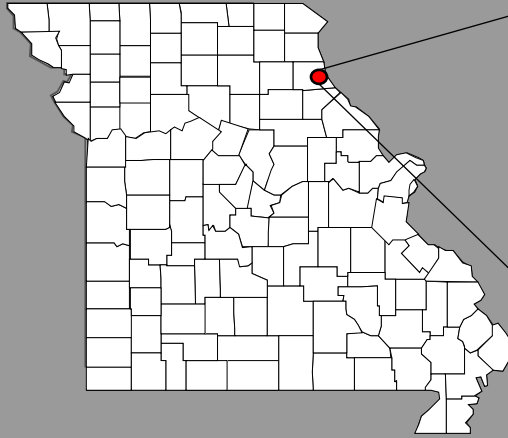
#6121 HS: Lake Regional Imaging Center

ADDITIONAL INFORMATION:

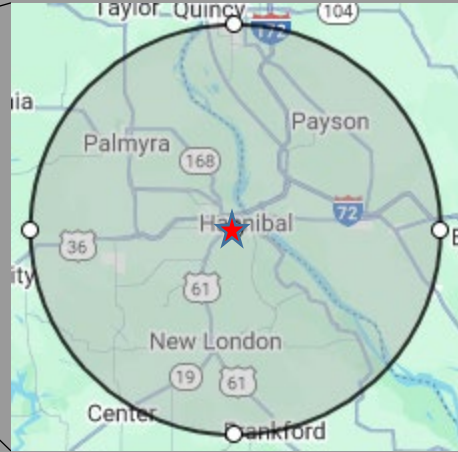
Additional information was required from the applicant and is included with the project application on the CON website.

#6129 RS: Levering Regional Health Center

Add 179 ALF Beds



Location in Missouri



View of Service Area

Applicant: Levering Associates, LLC (owner)
Levering Regional Health Care Center, LLC (operator)

Contact Person: Jon Dalton, 314-342-8079
jdalton@atltp.com

Location: 1734 Market Street
Hannibal, 63401 (Marion County)

Cost: \$52,500

Appl. Rec'd: September 6, 2024

100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.450(1) **Not Documented**
- Financial Feasibility..... 19 CSR 60-50.470(1-4) . Documented

#6129 RS: Levering Regional Health Center

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **add 179 residential care facility (RCF) beds to an existing 35-bed RCF by converting previously licensed SNF space**. This project includes minimal construction and some renovations of the existing space. The application states that this change will allow the facility to offer behavioral health care to its residents. After project completion, there would be 35 additional private rooms, 54 additional semi-private rooms, 4 additional three-bed resident rooms, and 6 additional four-bed resident rooms.

The applicant expects repairs to be completed and the beds to become licensed within 60 days of CON approval.

An announcement of the project was placed in the *Legal Hannibal Courier Post* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities in the 15-mile radius. No letters of support or opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Long-Term Care" was **not documented**.*

For additional long-term care beds, the population-based need formula **[Unmet Need = (S x P) – U]** applies as follows:

Where: S = Service-specific need rate of 25 beds per 1,000 population aged 65+
P = Year 2025 population age 65+ in the 15-mile radius
U = Number of existing licensed (202) and approved (0) ALF/RCF beds in the 15-mile radius (15 licensed beds were reported as unavailable.)

Unmet need = $(0.025 \times 6,614) - 202 = \mathbf{-36 \text{ bed (surplus)}}$

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey data for the 1st quarter of 2023 through the 2nd quarter of 2024 (copy attached), the average available bed occupancy for all of the facilities within the 15-mile radius was **89.9%, 91.8%, 87.5%, 88.4%, 84.8%, and 85.6%**, respectively.

The applicant stated that utilization for the existing beds for years 2021, 2022, and 2023 were 96.3%, 95.7% and 97.4% respectively. The applicant projected utilization for years 2025, 2026, and 2027 to be 81.7%, 96.7%, and 97.6%, respectively.

#6129 RS: Levering Regional Health Center

The facility has not received a notice of noncompliance within the past 18 months.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The application included a letter from First Mid Bank & Trust showing sufficient unrestricted funds are available for the project.

ADDITIONAL INFORMATION:

Additional information was required from the applicant, and is included with the electronic copy of the application on the CON website.

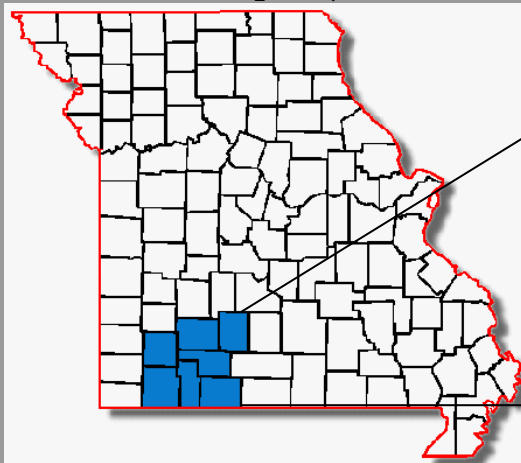
Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %	
Marion	Bristol Manor Of Palmyra	1815 South Main	Palmyra	63461	0	0	12	12	16.7%	16.7%	16.7%	13.6%	12.8%	1,092	89	8.2%	14.1%
Marion	Harold and Louise Assisted Living	135 Communication Drive	Hannibal	63401	0	0	98	98	94.7%	96.9%	90.4%	91.6%	85.9%	8,918	8,162	91.5%	91.8%
Marion	Levering Regional Health Care Cente	1734 Market St	Hannibal	63401	0	0	35	35	94.4%	97.6%	98.0%	99.6%	98.9%	3,185	2,917	91.6%	96.7%
Marion	Pleasant View	641 Euclid Ave	Hannibal	63401	0	41	0	41	93.3%	94.0%		88.4%	85.4%	3,731	3,305	88.6%	89.7%
Subtotal for	Marion	Number of Units in Subtotal: 4			0	41	145	186	89.1%	91.1%	86.1%	87.4%	83.5%	16,926	14,473	85.5%	87.1%
Ralls	Country Aire Estates, LLC	49303 Rensselaer Lane	Hannibal	63401	0	0	16	16	100.0%	100.0%	100.0%	100.0%	100.0%	91	91	100.0%	100.0%
Subtotal for	Ralls	Number of Units in Subtotal: 1			0	0	16	16	100.0%	100.0%	100.0%	100.0%	100.0%	91	91	100.0%	100.0%
GRAND TOTALS:		Number in State: 5			0	41	161	202	89.9%	91.8%	87.5%	88.4%	84.8%	17,017	14,564	85.6%	88.0%

Printed by the Certificate of Need Program. (An empty field signifies "no information" either because the facility recently opened, is closed, or did not submit a report for the quarter. See facility name for special notes.)

#6124 HS: Southwest Children's, LLC

Establish 66-Bed Pediatric Hospital (Hospital-Within-A-Hospital)



Location in Missouri



View of Service Area

Applicants: Southwest Children's, LLC & Cox Medical Centers South Hospital (owners)
Southwest Children's, LLC (operator)

Contact Person: Greg Bratcher, 314-323-1231
gbratcher@bjc.org

Project Address: 3801 South National Avenue
Springfield, 65807 (Greene County)

Cost: \$3,169,900

Appl. Rec'd: September 6, 2024

100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(4) ... **Partially Documented**
- Financial Feasibility 19 CSR 60-50.470(1-4) Documented

#6124 HS: Southwest Children's, LLC

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description was **complete**.*

The applicants propose to **establish a 66-bed pediatric hospital**. A "Hospital in a Hospital" (HIH) pediatric facility would be renovated inside of Cox Medical Centers South. The HIH will be approximately 51,558 square feet with 26 general pediatric beds, 6 pediatric intensive care unit (PICU) beds, and 34 neonatal intensive care unit (NICU) beds; six rooms would be semi-private as needed. The HIH would be licensed separately from Cox Medical Centers South. No new beds would be added to the service area as a result of this project. The applicant expects renovations to begin in 1st quarter of 2025 and to be completed in summer of 2025.

The applicant defined the service area as Barry, Christian, Greene, Lawrence, Stone, Taney, and Webster.

A notice announcing the proposal was published in the *Springfield News-Leader* making the public aware of the project and the applicant conducted listening sessions as part of community planning. The applicant also sent a letter regarding the proposal to the other provider in the service area. No letters of support or opposition have been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "New Hospitals" was **partially documented**.*

According to the Criteria and Standards for new hospitals, the occupancy of other hospitals in the geographic service should exceed 80%. The only other hospital in the service area providing pediatric services is Mercy Hospital Springfield. The hospitals in the proposed service area with pediatric, PICU, and NICU beds are listed below. Based on the occupancy data provided by the applicant and obtained by the CON office, one hospital met the occupancy requirement. Therefore, this standard has **been partially met**.

Hospital	City	# PED/PICU beds	# NICU beds	Occupancy
Cox Medical Centers South Hospital	Springfield	32	34	PED/PICU: 18.5% in 2021, 21.5% in 2022, and 24.8% in 2023 NICU: 86.2% in 2021, 88.1% in 2022, and 84.7% in 2023
Mercy Hospital Springfield	Springfield	31	63	PED/PICU: 33.5% in 2021, 38.2% in 2022, and 41.8% in 2023 NICU: 34.4% in 2021, 38.6% in 2022, and 35.3% in 2023

#6124 HS: Southwest Children's, LLC

Total		63	97	
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The population-based need formula [**Unmet Need = (R x P) – U**] applies as follows:

Where: R = Service-specific need rate of 1 pediatric bed per 8,330 population
P = Year 2025 population in the service area
U = Number of existing beds in the service area

Unmet need = $(0.00011 \times 609,940) - 63 = \mathbf{10\text{-bed need}}$

**this calculation only includes PICU/ Pediatric beds*

**If the joint ventures existing beds in the service area were removed (Cox Medical Centers South - 32 beds) from the calculation, the bed need would be 42-beds.*

The population-based need formula [**Unmet Need = (R x P) – U**] applies as follows:

Where: R = Service-specific need rate of 1 pediatric bed per 8,330 population
P = Year 2025 population in the service area
U = Number of existing beds in the service area

Unmet need = $(0.00011 \times 609,940) - 160 = \mathbf{86\text{-bed surplus}}$

**this calculation only includes all Pediatric, PICU & NICU beds*

**If the joint ventures existing beds in the service area were removed (Cox Medical Centers South – 66 beds) from the calculation, the bed surplus would be 20-beds.*

The applicant projects utilization for years 2026, 2027 and 2028 to be 63.7%, 68.4% and 73.6% respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

Financial feasibility of the project was documented.

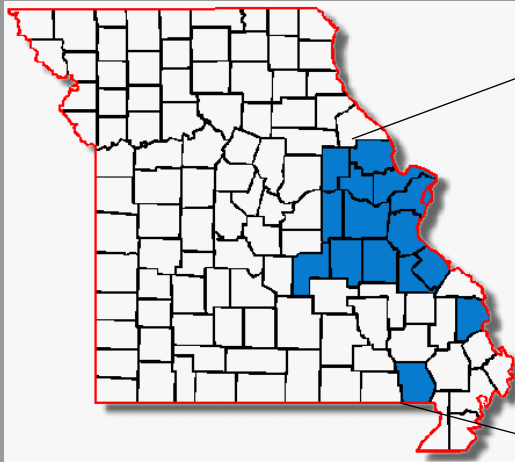
The applicant provided the most recent BJC HealthCare and CoxHealth consolidated financial statements for 2023 to show sufficient funding is available for the project.

ADDITIONAL INFORMATION:

Additional information was required from the applicants and is included with the electronic application on the CON website.

#6138 HS: *Barnes-Jewish Hospital*

Acquire an Additional Hybrid OR



Location in Missouri



View of Service Area in Missouri

Applicant: Barnes-Jewish Hospital (owner/operator)

Contact Person: Greg Bratcher, 314-323-1231
gbratcher@bjc.org

Project Address: 1 Barnes Jewish Hospital Plaza
St. Louis, 63110 (St. Louis City)

Cost: \$2,809,154

Appl. Rec'd: September 6, 2024

100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(2) Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) Documented

#6138 HS: *Barnes-Jewish Hospital*

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire an additional hybrid operating room (OR) suite**. It would be a GE Allia IGS 740 hybrid OR system that is specifically for peripheral vascular procedures. Space preparation of the OR suite is expected to be completed in fall of 2024 and the equipment will be delivered in summer of 2025.

The primary service area includes sixteen Missouri counties: Butler, Cape Girardeau, Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, Phelps, St. Charles, St. Francois, St. Louis City, St. Louis, Ste. Genevieve, Warren, and Washington.

The public was notified of the project through an announcement in the *St. Louis Post-Dispatch* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. No letters of support or opposition have been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Equipment and New Hospitals" was **documented**.*

For additional units, a minimum utilization standard normally applies. However, currently there is no minimum utilization standard for hybrid operating rooms.

The applicants existing cardiac-based hybrid OR performed 506, 535, and 540 procedures for years 2021, 2022, and 2023, respectively. The projected utilization for years 2026, 2027 and 2028, based on vascular procedures only, is 154, 169 and 186 procedures respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

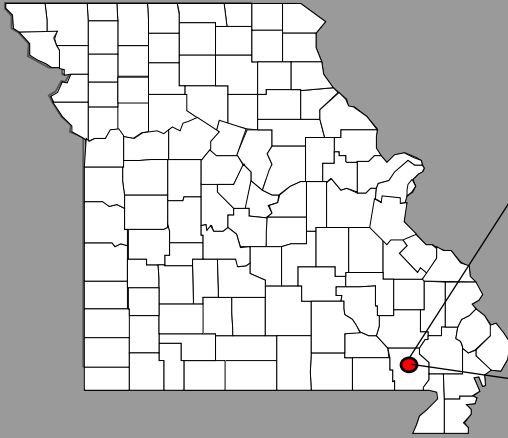
The applicant provided the most recent BJC HealthCare consolidated financial statements for 2023 to show sufficient funding is available for the project.

ADDITIONAL INFORMATION:

A small amount of additional information was required from the applicant and is included with the electronic copy of the application on the CON website.

#6136 RS: New Hope Assisted Living

Add 15 Assisted Living Facility Beds



Location in Missouri



View of Service Area

Applicant: 467 Development LLC (owner)
New Hope Assisted Living LLC (operator)

Contact Person: Jon Dalton, 314-342-8079
jdalton@atltp.com

Location: 328 N. New Hope Drive
Poplar Bluff, 63901 (Butler County)

Cost: \$1,300,000

Appl. Rec'd: September 6, 2024
100 Days Ends: December 15, 2024 (30-Day Extension: January 14, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.450(1) **Not Documented**
- Financial Feasibility..... 19 CSR 60-50.470(1-4) . Documented

#6136 RS: New Hope Assisted Living

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **add 15 assisted living facility (ALF) beds to an existing 15-bed ALF**. This project includes new construction of a 6,000 square-foot single story building, located next to the existing facility. The application states that this change is needed to support consumer demands within the area. All 15 rooms will be licensed as private and offer memory care services.

The applicant anticipates construction to start in February of 2025 and the beds to be licensed in October of 2025.

An announcement of the project was placed in the *Daily Leader* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities in the 15-mile radius. Three letters of support and no letters of opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Long-Term Care" was **not documented**.*

For additional long-term care beds, the population-based need formula **[Unmet Need = (S x P) – U]** applies as follows:

Where: S = Service-specific need rate of 25 beds per 1,000 population aged 65+
P = Year 2025 population age 65+ in the 15-mile radius
U = Number of existing licensed (286) and approved (34) ALF/RCF beds in the 15-mile radius (31 licensed beds were reported as unavailable.)

Unmet need = $(0.025 \times 9,329) - 320 = \textbf{-86 bed (surplus)}$

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey data for the 1st quarter of 2023 through the 2nd quarter of 2024 (copy attached), the average available bed occupancy for all of the facilities within the 15-mile radius was **80.5%, 77.8%, 80.8%, 80.9%, 76.7%, and 82%**, respectively.

The applicant stated that the facility opened in June of 2022, therefore, utilization for the existing beds for year 2023, the first full year of operation, was 49.9% respectively. The applicant projected utilization for years 2026, 2027, and 2028 to be 79.2%, 86.6%, and 89.7%, respectively.

The facility has not received a notice of noncompliance within the past 18 months.

#6136 RS: *New Hope Assisted Living*

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The application included a letter from Southern Bank documenting interest in financing this project.

ADDITIONAL INFORMATION:

Additional information was required from the applicant, and is included with the electronic copy of the application on the CON website.

Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %				
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %						
Butler	Cedargate Healthcare	2350 Kanell Blvd	Poplar Bluff	63901	0	16	0	16	70.7%	69.2%	60.7%	58.2%	47.5%	1,297	667	51.4%	59.2%				
Butler	New Hope Assisted Living, LLC (Opened 2/9/2022)	328 North New Hope Dr.	Poplar Bluff	63901	0	15	0	15	32.7%	42.5%	57.3%	66.7%	92.7%	1,365	1,363	99.9%	65.4%				
Butler	Oakdale Care Center	2702 Debbie Lane	Poplar Bluff	63901	0	0	36	36	84.0%	83.9%	87.6%	94.0%	87.0%	3,276	2,893	88.3%	87.5%				
Butler	Oakdale Care Center	2702 Debbie Ln	Poplar Bluff	63901	0	60	0	60	66.4%	69.6%	72.9%	60.5%	55.8%	4,601	3,005	65.3%	65.1%				
Butler	Owen Acres Residential Care Facility	614 County Road 466	Poplar Bluff	63901	0	0	20	20	61.1%	49.2%	59.3%	74.1%	74.6%	1,820	1,176	64.6%	63.8%				
Butler	Poplar Bluff II-Assisted Living by Americare (CON App 1/6/20)	36.764722, -90.446111	Poplar Bluff	63901	34	0	0	0													
Butler	Portia's Residential Care	307 North Broadway	Poplar Bluff	63901	0	0	20	20	90.1%	90.6%	99.1%	92.4%	90.0%	1,820	1,569	86.2%	91.4%				
Butler	River Mist - Assisted Living By Americare	2050 West Maud	Poplar Bluff	63901	0	42	0	42	97.2%	88.4%	89.1%	85.1%	74.8%	2,002	1,832	91.5%	88.5%				
Butler	Swift Creek Residential Care Center	1673 Highway 53	Poplar Bluff	63901	0	0	12	12	75.0%	72.2%	83.1%	99.2%					82.4%				
Butler	Switzer Residential Care	3260 Mystic Ln	Poplar Bluff	63901	0	0	20	20	98.4%	94.5%	98.5%	99.8%	92.5%	1,820	1,820	100.0%	97.3%				
Butler	Whispering Oaks RCF II LLC	203 North B St	Poplar Bluff	63901	0	0	45	45	98.1%	93.4%	87.8%	91.9%	89.6%	4,095	3,789	92.5%	92.2%				
Subtotal for Butler						Number of Units in Subtotal: 10			34	133	153	286	80.5%	77.8%	80.8%	80.9%	76.7%	22,096	18,114	82.0%	79.8%
GRAND TOTALS:						Number in State: 11			34	133	153	286	80.5%	77.8%	80.8%	80.9%	76.7%	22,096	18,114	82.0%	79.8%

Printed by the Certificate of Need Program. (An empty field signifies "no information" either because the facility recently opened, is closed, or did not submit a report for the quarter. See facility name for special notes.)

Previous Business

Previous Business

Item #1

#6008 RS: St. Louis Assisted Living Solutions, LLC

Wentzville (St. Charles County)

\$2,791,000, Second extension on CON to establish a 16-bed ALF

Contact Person: Melanie Claborn, 314-707-9122, melanie@stlouissolutionsfirm.com

On September 12, 2023, a CON was issued to St. Louis Assisted Living Solutions, LLC (owner/operator), to establish a 16-bed assisted living facility (ALF) to be located at 740 Peine Rd, Wentzville, MO 63385, at a cost of \$2,791,000. This would be accomplished through the construction of a one-story, 8,760 square-foot building. According to the schematics, all sixteen units would be for single occupancy. The application stated construction would commence in November of 2023 and be completed in July of 2024.

On August 5, 2024, a request was received for a second extension to March 12, 2025. At the October 1, 2024 CON Meeting, the MHFRC deferred the applicants request for a second extension, and therefore, this project was placed on the November 18, 2024 meeting agenda. The applicant stated the project has experienced several delays in obtaining financing, site plan development, and investor finalization. The applicant stated the construction loan should be closed in September of 2024, then sitework can commence. No additional extensions are anticipated. According to the last PPR, as of September 12, 2024, the applicant has incurred a total cost of \$135,942.

Extension Request History

Request Rec'd	Reason for Request	Decision
3/12/24	Financing delays	3/13/24-Extension to 9/12/24

The applicant is in compliance with progress reporting requirements for the project at this time.

Item #2

#5847 RS: Hampton Manor of Wentzville

Wentzville (St. Charles County)

\$14,011,000, Involuntary forfeiture on CON to establish an 85-bed ALF

Contact Person: Jon Dalton, 314-259-4702, jdalton@atllp.com

On May 24, 2021, a CON was issued to Investor Lands Holding of Wentzville, LLC (owner) and Hampton Manor of Wentzville, LLC (operator), to establish an 85-bed assisted living facility (ALF) to be located at 21 Midland Park Drive, Wentzville, MO 63385, at a cost of \$14,011,000. This would be accomplished through construction of a single-story, 56,234 square-foot building. Eighty-one units would be private, and two units would be semi-private. Fourteen private units would be dedicated to memory care. Construction commenced in 2021.

On August 20, 2024, a notice of possible forfeiture was sent to the applicant regarding the failure to file the required periodic progress report due on May 24, 2024. The contact persons staff, Brandon Hall, acknowledged receipt of the forfeiture notice via email. Certificate of Need staff has received the required PPR from the applicant, however, the project costs do not match up and therefore cannot be accepted. At the October 1, 2024 CON Meeting, the MHFRC deferred the applicants request for an involuntary forfeiture on the condition the CON office receives all periodic progress report documentation needed, and therefore, this project was placed on the November 18, 2024 meeting agenda. At this time, the CON office has not received any updated information.

The applicant is not in compliance with progress reporting requirements for the project at this time and CON records indicate that reports have been late in the past.

Previous Business

Item #3

#6050 HT: Missouri Cancer Associates

Columbia (Boone County)

\$2,010,733, Second extension on CON to replace PET/CT scanner

Contact Person: Richard Hill, 314-621-2939, rhill@lashlybaer.com

On October 23, 2023, a CON was issued to Physician Reliance, LLC (owner) and Missouri Cancer Associates, LLC (operator) to replace a PET/CT scanner at 1705 E. Broadway, Columbia, MO 65201 at a cost of \$2,010,733. The replacement equipment would be a Siemens Biograph mCT-S(40) PET/CT. The application stated installation of the new unit would be during March 2024. The existing unit will be decommissioned and traded in upon installation.

On October 10, 2024, a request was received for a second extension to April 23, 2025. The applicant stated that permitting and planning has been completed and is awaiting construction of the space to commence. The anticipated installation date is projected to occur in December of 2024. As of progress reporting to October 23, 2024, the applicant has incurred a total cost of \$7,000 in other costs.

Extension Request History

Request Rec'd
4/25/24

Reason for Request
Construction Delays

Decision
4/25/24-Extension to 10/23/24

The applicant is in compliance with progress reporting requirements for the project at this time.

Item #4

#5971 RS: Topwood Home, LLC

Manchester (St. Louis County)

\$13,850,000, Fourth extension on CON to establish 75-bed ALF

Contact Person: Jon Dalton, 314-342-8092, jdalton@atllp.com

On November 10, 2022, a CON was issued to Topwood Home, LLC (owner) and Family Partners Home LLC (operator) to establish a 75-bed ALF at 4 Topwood Dr., Manchester, MO 63011 at a cost of \$13,850,000. This would be accomplished through the construction of five, 6,938 square-foot micro-facilities, housing 15 ALF beds each. All rooms would be for single-occupancy and each micro-facility would be equipped for memory care services. The application stated construction would commence in January of 2023 and be completed in February of 2025.

On October 15th, 2024, a request was received for a fourth extension to May 10, 2025. The applicant stated that the grading plan was approved by St. Louis County and MSD, the site has been cleared and grading will be completed in October, and the civil engineer is working on final site plans for MSD approval. The applicant is requesting two more extensions for above ground construction to commence. According to the last PPR, as of November 10, 2024, the applicant has incurred a total cost of \$871,335. Thirty-eight letters in opposition to this extension have been received.

Extension Request History

Request Rec'd
6/23/23
11/3/23

Reason for Request
Construction Delays
Construction Delays

Decision
6/23/23-Extension to 11/10/23
1/8/24- Two Extensions to 11/10/24

The applicant is in compliance with progress reporting requirements for the project at this time. However, CON records indicate that reports have been late in the past.

Management Issues

CON Non-Applicability Letters
Issued September 9, 2024 - October 29, 2024
(Sorted by issue date)

Project Information				Decription		Dates	Decision	Applicant	
Number	Project Name			Proposed Activity	Original Proj Cost	LOI Rec'd	Issue Date	Owner Name	Phone No.
	Address	City	Zip	County			Decision	Operator Name	
6153 FA	Gateway Cancer Treatment Center			Replace Linear Accelerator (act of god, facility was flooded)		09/18/2024	10/10/2024	Urological Consultants, Inc DBA Urology of St. Louis & US Cancer Therapies, LLC	214-738-0357
	12855 North Forty Road	St. Louis	63141	St. Louis	\$2,353,598		Not Applicable	Same as owner	

Total Non-Applicability 1

Type of Project: H-Hospital R-Residential Care/Assisted Living
N-Skilled Nursing/Intermediate Care A-Applicability
F-Freestanding

LOI Rec'd. - Letter of Intent Received
Issue Date - Letter signed by Chair

Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
November 21, 2024

Tentative Agenda

1. #6150 HT: The Children's Mercy Hospital
Kansas City (Jackson County)
\$2,976,532, Replace CT unit
2. #6151 HT: Cox South
Springfield (Greene County)
\$3,850,000, Replace IR room
3. #6152 NT: Friendship Village Chesterfield
Chesterfield (St. Louis County)
\$2,498,790, Renovation and Modernization of a 90-bed SNF

Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
December 27, 2024

Tentative Agenda

**Application deadline for this review cycle is November 15, 2024.*

Missouri Health Facilities Review Committee
Certificate of Need Meeting
January 13, 2025, 10:00 a.m.
TBD

Tentative Agenda

A. Committee Business

1. Review and Perfect Agenda
2. Approve Minutes

B. New Business

1. #6117 HS: SSM Health St. Clare Hospital
Fenton (St. Louis County)
\$1,359,519, Acquire robotic surgery unit
2. #6118 HS: SSM Health St. Mary's - St. Louis
St. Louis (St. Louis City)
\$2,397,000, Acquire robotic surgery unit
3. #6155 HS: Orthopedic & Sports Medicine Center, LLC dba Platte City Imaging
Platte City (Platte County)
\$1,186,311, Acquire MRI
4. #6154 HS: Heartland Regional Medical Center
St. Joseph (Buchanan County)
\$5,112,000, Acquire two additional robotic surgery units
5. #6159 HS: Mercy Hospital St. Louis
St. Louis (St. Louis County)
\$2,536,000, Acquire additional robotic surgery unit
6. #6156 HS: North Kansas City Hospital
North Kansas City (Clay County)
\$3,258,638, Acquire two additional IR units
7. #6161 RS: La Bonne Maison Assisted Living
Sikeston (Scott County)
\$0, Add 6 ALF beds
8. #6157 HS: The University of Kansas Hospital Authority – Liberty
Liberty (Clay County)
\$4,700,000, Acquire linear accelerator
9. #6137 DS: Scotland County Nursing Home District
Memphis (Scotland County)
\$4,553,000, Establish 68-bed ICF & 28-bed RCF
10. #6160 HS: Missouri Baptist Medical Center
St. Louis (St. Louis County)
\$2,757,992, Acquire additional MRI unit
11. #6158 HS: Broadway Arches – Behavioral Health Facility
St. Louis (St. Louis City)
\$13,699,519, Establish 72-bed behavioral health/psychiatric hospital

C. Previous Business

**Previous Business items will be added to the agenda tentatively on December 9, 2024.*

D. Management Issues

1. Non-Applicability Letters Issued
2. Activity Schedules
3. CON Rulemaking Proposals
4. Other

Except to the extent disclosure is otherwise required by law, the Missouri Health Facilities Review Committee (Committee) is authorized to close meetings, records and votes to the extent they relate to the following: 610.021.(1), (3), (13), and (14) RSMo.

The Committee may go into closed session at anytime during the meeting. If the meeting is closed, the appropriate section will be announced to the public with a motion and vote recorded in open session minutes.

Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
January 21, 2025

Tentative Agenda

**Application deadline for this review cycle is December 10, 2024.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

19 CSR 60-50.200 Purpose and Structure

PURPOSE: This rule describes the purpose of the Certificate of Need (CON) statute and the structure of the Missouri Health Facilities Review Committee.

(1) The Certificate of Need (CON) statute, sections 197.300–197.366, RSMo, became effective September 28, 1979, except those sections which were not effective until October 1, 1980 or later. CON had its origin in the federal Public Law 93-641, 1974, and was initially intended to address issues of need, cost, and distribution of health services, as well as other factors which impact the health of the population.

(2) The purpose of the CON statute is to achieve the highest level of health for Missourians through cost containment, reasonable access, and public accountability. The goals are to—

- (A) Review proposed health care services;
- (B) Contain health costs;
- (C) Promote economic value;
- (D) Evaluate competing interests;
- (E) Prevent unnecessary duplication; and
- (F) Disseminate health-related information to affected parties.

(3) The CON statute is administered by the nine (9)-member Missouri Health Facilities Review Committee (committee). Five (5) members are appointed by the governor, two (2) by the president pro tem of the senate, and two (2) by the speaker of the house, each serving two (2)-year terms or until replaced.

(4) On behalf of the committee, the CON Program provides technical and administrative services as shown in rule 19 CSR 60-50.900.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.300 Definitions for the Certificate of Need Process

PURPOSE: This rule defines the terms used in the Certificate of Need (CON) review process.

(1) Affiliate means an organization:

- (A) That owns five percent (5%) or more of the ownership interests in the operator; or
- (B) In which the operator owns five percent (5%) or more of the ownership interests. Affiliates include, without limitation, a parent organization, joint venture, partner, or general partner.

(2) Applicant means all owner(s) and operator(s) of any new institutional health service.

(3) By or on behalf of a health care facility includes any expenditures made by the facility itself as well as capital expenditures made by other persons that assist the facility in offering services to its patients/residents.

(4) Cost means—

- (A) Price paid or to be paid by the applicant for a new institutional health service to acquire, purchase, or develop a health care facility or major medical equipment; or
- (B) Fair market value of the health care facility or major medical equipment as determined by the current selling price at the date of the application as quoted by builders or architects for similar facilities, or normal suppliers of the requested equipment; or
- (C) Fair market value of the existing land(s) and building(s) to be converted as determined by the current selling price at the date of the application or a current appraisal.

(5) Construction of a new hospital means the establishment of a newly licensed facility at a specific location under the Hospital Licensing Law, section 197.020.2, RSMo, as the result of building, renovation, modernization, and/or conversion of any structure ~~not licensed as a hospital~~.

(6) Expedited application means a shorter than full application and review period as defined in 19 CSR 60-50.420 and 19 CSR 60-50.430 for any long-term care ~~expansion or~~ replacement as defined in section 197.318.4.-6., RSMo, long-term care renovation and modernization, or the replacement of any major medical equipment as defined in section (1~~32~~) of this rule.

(7) Full review means the complete analytical period for applications as described in 19 CSR 60-50.420 and 19 CSR 60-50.430 for the development of health care facilities and acquisition of major medical equipment.

(8) Generally accepted accounting principles pertaining to capital expenditures include, but are not limited to—

(A) Expenditures related to acquisition or construction of capital assets;

(B) Capital assets are investments in property, plant, and equipment used for the production of other goods and services approved by the committee; and

(C) Land is not considered a capital asset until actually converted for that purpose with commencement of aboveground construction approved by the committee.

(9) Health care facility means those described in section 197.366, RSMo.

(10) Health care facility expenditure includes the capital value of new construction or renovation costs, architectural/engineering fees, equipment not in the construction contract, land acquisition costs, consultants/legal fees, interest during construction, predevelopment costs as defined in section 197.305(12), RSMo, in excess of one hundred fifty thousand dollars (\$150,000), any existing land and building converted to the applicant's medical use for the first time, and any other capitalizable costs incurred over a twelve- (12-) month period as listed on the "Proposed Project Budget" (Form MO 580-1863), included herein.

(11) LTC bed expansion review means a facility licensed pursuant to chapter 198 may increase its licensed bed capacity by submitting a Letter of Intent documenting the expansion, certification from the department of health and senior services and health facilities review committee that the facility has had no patient care class I deficiencies within the last eighteen (18) months, and has maintained a ninety-percent (90%) average occupancy rate for the previous six (6) quarters as shown by CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds only report published on the CON website.

~~(12)~~ Health maintenance organizations means entities as defined in section 354.400(10), RSMo, except for activities directly related to the provision of insurance only.

~~(13)~~ Major medical equipment means any piece of equipment and collection of functionally related devices acquired to operate the equipment and additional related costs such as software, shielding, and installation, acquired over a twelve- (12-) month period with an aggregate cost of one (1) million dollars or more, when the equipment is intended to provide the following diagnostic or treatment services and related variations, including, but not limited to:

(A) Cardiac catheterization;

(B) Computed tomography;

(C) Gamma knife;

(D) Lithotripsy;

(E) Magnetic resonance imaging;

(F) Linear accelerator;

(G) Positron emission tomography/computed tomography; or

(H) Evolving technology.

(143) Non-applicability review means a Letter of Intent process to document that a CON is not needed for a proposal when the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; the proposal is to increase the number of beds by ten (10) or ten percent (10%) of total bed capacity, whichever is less, over a two- (2-) year period since any long-term care beds were last licensed, the facility has had no resident care class I deficiencies within the last eighteen (18) months and has maintained at least an eighty-five percent (85%) average occupancy rate for the previous six (6) quarters as shown by CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website, and the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; an exemption or exception is found in accordance with section 197.312, RSMo; or the proposal meets the definition of a non-substantive project.

(154) Nonsubstantive project includes but is not limited to at least one (1) of the following situations:

(A) An expenditure which is required solely to meet federal or state requirements or involves predevelopment costs or the development of a health maintenance organization;

(B) The construction or modification of nonpatient care services, including parking facilities, sprinkler systems, heating or air-conditioning equipment, fire doors, food service equipment, building maintenance, administrative equipment, telephone systems, energy conservation measures, land acquisition, medical office buildings, and other projects or functions of a similar nature; or

(C) Expenditures for construction, equipment, or both, due to an act of God or a normal consequence of maintenance, but not replacement, of health care facilities, beds, or equipment.

(165) "Request to relicense," a health care facility licensed under Chapter 197 or Chapter 198 that ceases offering health services may seek verification to relicense the facility within twelve (12) months from the date of closure under the same general licensure conditions at the time the facility ceased offering health services. Beds must be relicensed in the same category of care at the time of closure and cannot exceed the licensed bed capacity at the time of closure.

(176) Offer, when used in connection with health services, means that the applicant asserts having the capability and the means to provide and operate the specified health services.

(187) Predevelopment costs mean expenditures as defined in section 197.305(12), RSMo, including consulting, legal, architectural, engineering, financial, and other activities directly related to the proposed project, but excluding the application fee for submission of the application for the proposed project.

(19) Substantial capital expenditure means significant progress completed towards the above-ground construction or renovations approved within in a CON application has been achieved. When applicants incur capital expenditures exceeding ten percent of their approved construction or renovation costs, and provide supporting documentation, such capital expenditures shall be presumed substantial except for good cause shown.

(2048) For new hospitals or major medical equipment projects, service area means a geographic region made up of an area such as a county or contiguous areas such as a set of contiguous counties or zip codes, appropriate to the proposed service, documented by the applicant and approved by the committee. For long-term care projects, the fifteen- (15-) mile radius calculation must be used.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency amendment filed Oct. 20, 1998, effective Oct. 30, 1998, expired April 27, 1999. Amended: Filed Oct. 20, 1998, effective April 30, 1999. Amended: Filed Jan. 4, 2000, effective July 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed April 12, 2004, effective Nov. 30, 2004. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.310 Guidelines for Specific Health Services (Rescinded June 30, 2002)

AUTHORITY: section 197.320, RSMo Supp. 1999. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective May 30, 2000. Emergency rescission filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded: Filed Dec. 14, 2001, effective June 30, 2002.

19 CSR 60-50.400 Letter of Intent Process

PURPOSE: This rule delineates the process for submitting a Letter of Intent to begin the Certificate of Need (CON) review process and outlines the projects subject to CON review.

(1) Applicants shall submit by mail, fax, or email a Letter of Intent (LOI) to begin the Certificate of Need (CON) review process so that it is received at the CON office at least thirty (30) days prior to the submission of the CON application and will remain valid in accordance with the following time frames:

(A) ~~For full reviews, expedited equipment replacements, expedited long-term care (LTC) renovation or modernization reviews, and expedited LTC facility replacement reviews, an~~ LOI is valid for six (6) months. ~~;~~ and

(B) ~~For expedited LTC bed expansion reviews in accordance with section 197.318.4, RSMo, an LOI is valid for twenty-four (24) months.~~

(2) Once filed, a LOI may be amended, except for project address, not later than ten (10) days in advance of the CON application filing, or it may be withdrawn at any time without prejudice.

(3) A LTC bed ~~expansion or~~ replacement sought pursuant to sections 197.318.4 through 197.318.6, RSMo, requires a CON application if the capital expenditure for such bed ~~expansion or~~ replacement exceeds six hundred thousand dollars (\$600,000) but allows for shortened information requirements and review time frames.

~~.(4) When an LOI for an LTC bed expansion is filed, the Certificate of Need Program (CONP) staff shall immediately review that facility's average licensed bed occupancy for the most recent six (6) consecutive calendar quarters, and request certification that the facility had no resident care Class I deficiencies within the last eighteen (18) months from the Division of Regulation and Licensure (DRL), Department of Health and Senior Services, through an LTC Facility Expansion Certification (Form MO-580-2351), included herein, to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.4(1), RSMo. Occupancy data shall be taken from the CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website.~~

~~(5) For an LTC-bed expansion, the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities, which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), included herein, both the owner(s) and operator(s) of the purchasing and selling facilities shall sign.~~

(46) The CONP staff, as an agent of the Missouri Health Facilities Review Committee (committee), will review LOIs according to the following provisions:

(A) Major medical equipment is reviewed as an expenditure on the basis of cost, regardless of owners or operators, or location (mobile or stationary);

(B) The CONP staff shall test the LOI for applicability in accordance with statutory provisions for expenditure minimums, exemptions, and exceptions;

(C) If the test verifies that a statutory exception or exemption is met on a proposed project, or the proposed cost is below all applicable expenditure minimums, the committee chair may issue a Non-Applicability CON letter indicating the application review process is complete; otherwise, the CONP staff shall add the proposal to a list of Non-Applicability proposals to be considered at the next regularly scheduled committee meeting;

(D) If an exception or exemption is not verified, and if the proposal is above any applicable expenditure minimum, then a CON application will be required for the proposed project;

(E) A Non-Applicability CON letter will be valid subject to the following conditions:

1. Any change in the project scope, including change in type of service, cost, operator, ownership, or site, could void the effectiveness of the letter and require a new review; and

2. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), included herein; and

(F) A CON application must be made if—

1. The project involves the development of a new hospital costing one (1) million dollars or more, except for a facility licensed under Chapter 197, RSMo, meeting the requirements described in 42 CFR, section 412.23(e);

2. The project involves the acquisition or replacement of major medical equipment in any setting not licensed under Chapter 198, RSMo, costing one (1) million dollars or more;

3. The project involves the acquisition or replacement of major medical equipment for a health care facility licensed under Chapter 198, RSMo, costing four hundred thousand dollars (\$400,000) or more;

4. The project involves the acquisition of any equipment or beds in a long-term care hospital meeting the requirements found in 42 CFR section 412.23(e) at any cost;

5. The project involves a capital expenditure for renovation or modernization, but not additional beds, by or on behalf of an existing health care facility licensed under Chapter 198, RSMo, costing six hundred thousand dollars (\$600,000) or more; or

6. The project involves additional LTC (licensed or certified residential care facility, assisted living facility, intermediate care facility, or skilled nursing facility) beds licensed under Chapter 198, RSMo, ~~costing six hundred thousand dollars (\$600,000) or more, or that either—~~

A. Costs six hundred thousand dollars (\$600,000) or more; or

B. Exceeds ten (10) beds or ten percent (10%) of that facility's existing licensed capacity, whichever is less.

~~7. The project involves the expansion of an existing health care facility as described in subdivisions (1) and (2) of section 197.366, RSMo, that either—~~

A. Costs six hundred thousand dollars (\$600,000) or more; or

B. Exceeds ten (10) beds or ten percent (10%) of that facility's existing licensed capacity, whichever is less.

(57) Nonsubstantive projects are waived from review by the authority of section 197.330.1(8), RSMo, and any applicant seeking such a determination shall submit information through the LOI process. A project meeting the definition of a nonsubstantive project shall be posted for review on the CON website at least twenty (20) days in advance of the committee meeting when the project is scheduled to be confirmed by the committee.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 16, 1995, effective Nov. 26, 1995, expired May 23, 1996. Amended: Filed Nov. 15, 1995, effective April 30, 1996. Emergency amendment filed Nov. 26, 1996, effective Dec. 6, 1996, expired June 3, 1997. Emergency rescission filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, terminated Sept. 21, 1997. Emergency rule filed Sept. 11, 1997, effective Sept. 21, 1997, expired March 19, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed April 12, 2004, effective Nov. 30, 2004. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.410 Letter of Intent Package

PURPOSE: This rule provides the information requirements and the details of how to complete the Letter of Intent package to begin the Certificate of Need (CON) review process.

(1) The Letter of Intent (LOI) (Form MO 580-1860), included herein, shall be completed as follows:

(A) Project Information: sufficient information to identify the intended service, such as the name of the existing or proposed facility, whichever is applicable, and address or if address is unknown or not yet established, a specific description or the latitude and longitude identifying a specific site rather than a general area (county designation alone is not sufficient);

(B) Applicant Identification: the full legal name of all owner(s) and operator(s) which compose the applicant who, singly or jointly, propose to develop, offer, lease, or operate a new institutional health service within Missouri; provide the corporate entity, not individual names, of the corporate board of directors or the facility administrator;

(C) Type of Review: the applicant shall indicate if the review is for a full review, expedited review, ~~or a non-applicability review,~~ or a LTC bed expansion review pursuant to section 197.318.4;

(D) Project Description: information which provides details of the number and type of beds to be added, ~~deleted/removed,~~ or replaced, square footage of new construction and/or renovation, services affected, and equipment to be acquired. ~~If an application for new or additional long-term care beds, confirm that the bed need standard has been met or that special exceptions exist.~~ If a replacement project, information which provides details of the facilities or equipment to be replaced, including name, location, distance from the current site, and its final disposition. If replacing equipment previously approved, provide the CON project number of existing equipment;

(E) Estimated Project Cost: total proposed expenditures necessary to achieve the application's objectives—not required for long-term care (LTC) bed expansions pursuant to section 197.318.4(1), RSMo;

(F) Authorized Contact Person Identification: the full name, title, address (including association), telephone number, email, fax number, signature, and date of signature;

(G) Applicability: page 2 of the LOI must be filled out by applicants requesting a non-applicability review or LTC bed expansion pursuant to section 197.318.4, to provide the reason and rationale for the non-applicability or LTC bed expansion review request; and

~~.(H) Special Exceptions: if the LOI indicates that special exceptions apply, applicant shall attach a separate sheet with a complete explanation of all reasons for such special exceptions.~~

(2) If a non-applicability review is sought, the applicant shall submit the following additional information:

(A) Proposed Expenditures (Form MO 580-2375), included herein;

(B) Information which details all methods and assumptions used to estimate project costs. Documentation of costs may be requested;

(C) Schematic drawings and evidence of site control, with appropriate documentation; ~~and~~

(D) Evidence of submission of architectural plans to the Division of Regulation and Licensure Engineering Consultation Unit, Department of Health and Senior Services, for long-term care projects and other facilities; and

(E) In addition to the above information, for exceptions or exemptions, documentation of other provisions in compliance with the Certificate of Need (CON) statute, as described in sections (3) through (86) below of this rule.

(3) If a LTC bed expansion review is sought pursuant to section 197.318.4, the applicant shall submit the following additional information:

(A) Purchase Agreement (Form MO 580-2352), included herein;

(B) Schematic drawings and evidence of site control, with appropriate documentation;

(4) When an LOI for a LTC bed expansion review pursuant to section 197.318.4 is filed, the Certificate of Need Program (CONP) staff shall immediately review that facility's average licensed bed occupancy for the most recent six (6) consecutive calendar quarters, and request certification that the facility had no patient care Class I deficiencies within the last eighteen (18) months from the Division of Regulation and Licensure (DRL), Department of Health and Senior Services, through a LTC Facility Expansion Certification (Form MO 580-2351, incorporated by reference), to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.4(1), RSMo. Occupancy data shall be taken from the CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds only report published on the CON website.

(5) For a LTC bed expansion review pursuant to section 197.318.4; the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities, which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), both the owner(s) and operator(s) of the purchasing and selling facilities shall sign

(6) Upon staff verification that the statutory requirements are met described in sections (3) through (5) above in this rule, staff will notify the applicant and request the applicant to submit either:

(A) If an agreement is reached by the selling and purchasing entities, provide a copy of the selling facility's reissued license verifying surrender of beds sold; or

(B) If no agreement is reached by the selling and purchasing entities and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2352), included herein, and additional documentation verifying unsuccessful effort(s) to purchase.

(73) If an exemption is sought for a residential care or assisted living facility (RCF/ALF) pursuant to section 197.312, RSMo, the applicant shall submit documentation that this facility had previously been owned or operated for or on behalf of St. Louis City.

(4) If the LOI relates to new or additional long-term care beds, applicant shall submit documentation of the need for such beds and the average occupancy of all licensed beds in the appropriate category within the fifteen (15-) mile radius of the project site.

(85) The LOI must have an original signature for the contact person, which can be an electronic signature.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.420 Review Process

PURPOSE: This rule delineates the process for submitting a Certificate of Need (CON) application for a CON review.

(1) The Certificate of Need (CON) filing deadlines are as follows:

(A) For full applications, at least seventy-one (71) days but not more than one hundred (100) days prior to each Missouri Health Facilities Review Committee (committee) meeting;

(B) For expedited applications, the tenth day of each month or date set by program staff, or the next business day thereafter if that day is a holiday or weekend;

(C) For non-applicability and LTC bed expansion reviews, the Letter of Intent (LOI) filing may occur at any time.

(2) A CON application filing that does not substantially conform with the LOI, including but not limited to any change in owner(s), operator(s), project site, increase in requested beds, or scope of services, shall not be considered a CON application and shall be subject to the following provisions:

(A) The Certificate of Need Program (CONP) staff shall return any nonconforming submission; or

(B) The committee may issue an automatic denial unless the applicant withdraws the attempted application.

(3) All filings must be received at the principal office of the committee during regular business hours. The CONP staff, as an agent of the committee, shall provide notification of applications received through publication of the Application Review Schedule (schedule) as follows:

(A) For full and expedited applications, the schedule shall include the filing date of the application, a brief description of the proposed service, the time and place for filing comments and requests for a public hearing, and the tentative date of the meeting at which the application is scheduled for review. Publication of the schedule shall occur within two (2) business days after the filing deadline. The publication of the schedule shall be posted on the CON website; and is conducted through the following actions:

~~1. The schedule shall be submitted to the secretary of state's office for publication in the next regularly scheduled Missouri Register;~~

~~2. The schedule shall be posted on the CON website; and~~

~~3. The schedule shall be emailed to all affected persons who have registered with the CONP staff as having an interest in such CON applications; and~~

(B) For non-applicability reviews, the listing of non-applicability letters to be confirmed shall be posted on the CON website at least twenty (20) days prior to each scheduled meeting of the committee where confirmation is to take place.

~~(4) The CONP staff shall review CON applications relative to the Criteria and Standards in the order filed. If a full application has met all Criteria and Standards, and is not contested within thirty (30) days after filing, then its review may be conducted according to the expedited application process.~~

~~(45) If an application is incomplete, the CONP staff shall notify the applicant in writing or by email within fifteen-twenty (20+5) calendar days of filing a full or expedited application. or within five (5) working days of filing an expedited application.~~

~~(56) Verbal information or testimony shall not be considered part of the application.~~

~~(67) Subject to statutory time constraints, the CONP staff shall post its written analysis on the CON website and immediately notify the committee of the posting by mail or email as follows:~~

(A) For full CON applications, the CONP staff shall post the analysis and immediately notify the committee at least twenty (20) days in advance of the first committee meeting following the seventieth day after the CON application is filed. The written analysis of the CONP staff shall be sent to the applicant no less than fifteen (15) days before the meeting;

(B) For expedited applications which meet all statutory and rules requirements and which have no opposition, the CONP staff shall send its written analysis to the committee and the applicant within two (2) working days following the expiration of the thirty- (30-) day public notice waiting period or the date upon which any required additional information is received, whichever is later; and

(C) Expedited applications which do not meet all statutory and rules requirements or those which have opposition will be considered at the earliest scheduled committee meeting where the written analysis by the CONP staff can be sent to the committee and the applicant at least seven (7) days in advance.

~~(8) See rule 19 CSR 60-50.600 for a description of the CON decision process which shall apply to all face-to-face, videographic, telephonic, computerized, and other meeting venues.~~

~~(89)~~ An applicant may withdraw an application without prejudice by written notice by mail or email at any time prior to the committee's decision. Later submission of the same application or an amended application shall be handled as a new application with a new fee.

~~(9) An applicant may decrease the number of beds requested in the CON application and provide an applicable explanation at least ten (10) calendar days before the scheduled CON meeting.~~

(10) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired Jan. 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.430 Application Package

PURPOSE: This rule provides the information requirements and the application format of how to complete a Certificate of Need (CON) application for a CON review.

(1) A Certificate of Need (CON) application package shall be accompanied by an application fee which shall be a nonrefundable minimum amount of one thousand dollars (\$1,000) or one-tenth of one percent (0.1%), which may be rounded up to the nearest dollar, of the total project cost, whichever is greater, made payable to the "Missouri Health Facilities Review Committee."

(2) A written application package consisting of an electronic file in PDF format or a paper original shall be prepared and organized as follows:

(A) The CON Applicant's Completeness Checklists and Table of Contents shall be used as follows:

1. Include at the front of the application;
2. Check the appropriate "done" boxes to assure completeness of the application;
3. Number all pages of the application sequentially and indicate the page numbers in the appropriate blanks;
4. Check the appropriate "N/A" box if an item in the Review Criteria is "not applicable" to the proposal type; and
5. Restate the Review Criteria (preferably in bold type) and answer all Review Criteria items.

(B) The application package shall be based on one (1) of the following CON Applicant's Completeness Checklists and Table of Contents appropriate to the proposed project type, as follows:

1. New Hospital Application (Form MO 580-2501), included herein. Use this for a new or replacement hospital project;

2. New or Additional Long-Term Care (LTC) Bed Application (Form MO 580-2502), included herein. Use this form for a Residential Care Facility project, Assisted Living Facility project, Intermediate Care Facility project, or Skilled Nursing Facility project or Long-Term Care Hospital project;

3. New or Additional Long-Term Care Hospital (LTCH) Bed Application (also use Form MO 580-2502), included herein;

4. New or Additional Equipment Application (Form MO 580-2503), included herein;

5. Expedited LTC Bed Replacement-~~Expansion~~ Application (Form MO 580-2504), included herein;

6. Expedited LTC Renovation/Modernization Application (Form MO 580-2505), included herein; or

7. Equipment Replacement Application (Form MO 580-2506), included herein.

(C) The application shall be divided into these sections:

1. Divider I. Application Summary;

2. Divider II. Proposal Description;

3. Divider III. Service-Specific Criteria and Standards; and

4. Divider IV. Financial Feasibility (only required for full applications-~~or expedited replacement equipment applications which do not currently hold a valid CON~~).

(D) Support Information shall be included at the end of each section to which it pertains, and shall be referenced in the section narrative. For applicants anticipating having multiple applications in a year, master file copies of such things as maps, population data (if applicable), board memberships, IRS Form 990, or audited financial statements may be submitted once, and then referred to in subsequent applications, as long as the information remains current.

(E) The application package shall document the need or meet the additional information requirements in 19 CSR 60-50.450(4)-(5) for the proposal by addressing the applicable Community Need Criteria and Standards using the standards in 19 CSR 60-50.440 through 19 CSR 60-50.460 plus providing additional documentation to substantiate why any proposed alternative Criteria and Standards should be used.

(3) An Application Summary shall be composed of the completed forms in the following order:

(A) Applicant Identification and Certification (Form MO 580-1861), included herein. Additional specific information about board membership may be requested, if needed.

1. Provide documentation from the Missouri Secretary of State that the proposed owner(s) and proposed operator(s) are registered to do business in Missouri.

2. For ~~new or additional~~ long-term care ~~bed and new hospital~~ projects—

A. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years;

B. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked;

C. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years; and

D. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked;

(B) A completed Representative Registration (Form MO 580-1869), included herein, for the contact person and any others as required by section 197.326.1, RSMo;

(C) A detailed Proposed Project Budget (Form MO 580-1863), included herein; and

(D) An attachment which details how each line item was determined, including all methods and assumptions used.— ~~If a third-party vendor or contractor was used to determine costs, provide documentation of costs. Documentation of costs may be requested.~~

(4) The Proposal Description shall include documents which—

(A) Provide a complete detailed description and scope of the project, and identify all institutional services or programs which will be directly affected by this proposal;

(B) Describe the developmental details including:

1. A timeline of anticipated events for the proposal from the time of the CON application review through project completion, including the commencement and completion of new construction or renovation, or purchase and installation of equipment;

2. A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries;

3. Preliminary schematics for the project on an eight and one-half inch by eleven inch (8 1/2" × 11") format (not required for replacement equipment projects). The function for each space, including the location of each existing and proposed bed before and after construction or renovation, shall be clearly identified and all space shall be assigned;

4. Evidence of submission of architectural plans to the Division of Regulation and Licensure, Department of Health and Senior Services, for long-term care projects and other facilities (not required for equipment projects);

5. For long-term care proposals, existing and proposed gross square footage for the entire facility and for each institutional service or program directly affected by the project. If the project involves relocation, identify what will go into vacated space;

6. Documentation that the proposed owner owns the project site, or that the proposed owner has an executed option to purchase or lease the site; and

7. Proposals which include major medical equipment shall include an equipment list with prices and also documentation in the form of bid quotes, purchase orders, catalog prices, or other sources to substantiate the proposed equipment costs;

(C) Proposals for major medical equipment must define the community to be served and geographic service area;

(D) Proposals for new hospitals or new or additional long-term care (LTC) beds must define the community to be served—

1. Describe the service area(s) population using year 2025 populations and projections provided by the Bureau of Health Care Analysis and Data Dissemination (BHCADD), which can be obtained by contacting:

Chief, Bureau of Health Care Analysis and
Data Dissemination (BHCADD)
Department of Health and Senior Services
PO Box 570, Jefferson City, MO 65102
Telephone: (573) 751-6272

There will be a charge for any of the information requested, and seven to fourteen (7–14) days should be allowed for a response from BHCADD. Information requests should be made to BHCADD such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application;

2. Use the maps and population data received from BHCADD with the CON Applicant's Population Determination Method to determine the estimated population for LTC projects, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen- (15-) mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see BHCADD) within each zip code overlapped by the fifteen- (15-) mile radius or geographic service area;

C. Categorize population centers as either "in" or "out" of the fifteen- (15-) mile radius or geographic service area and remove the population data from each affected zip code categorized as "out";

D. Estimate, to the nearest five percent (5%), the portion of the zip code area that is within the fifteen- (15-) mile radius or geographic service area by "eyeballing" the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in subparagraph (4)(D)2.D. (Due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, Clay, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in subparagraph (4)(D)2.D.);

F. Add back the population center(s) "inside" the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen- (15-) mile radius or geographic service area;

Commented [DA1]: Population data will be updated in regs once current rulemaking is effective

3. Provide other statistics, such as studies, patient origin, or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined "geographic service area";

(E) Identify specific community problems or unmet needs which the proposed or expanded service is designed to remedy or meet;

(F) Provide historical utilization for each existing service affected by the proposal for each of the past three (3) full years;

(G) Provide utilization projections through at least three (3) full years beyond the completion of the project for all proposed and existing services directly affected by the project;

(H) If an alternative methodology is added, specify the method used to make need forecasts and describe in detail whether projected utilizations will vary from past trends; and

(I) Provide the current and proposed number of licensed beds by type for projects which would result in a change in the licensed bed complement of the LTC facility.

(5) Document that consumer needs and preferences have been included in planning this project. Describe how consumers have had an opportunity to provide input into this specific project, and include in this section all petitions, letters of acknowledgement, support or opposition received.

(6) Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper of general circulation before it was filed with the CON Program from the applicant. The public notice shall include a contact person's name and phone number and/or email for the project.

(7) For proposed full or expedited CON applications, excluding equipment replacement applications, document that administrators or directors of all affected facilities in the proposed fifteen- (15-) mile radius or service area were addressed letters regarding the application.

(8) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed June 8, 2005, effective July 1, 2005, expired Dec. 30, 2005. Amended: Filed June 8, 2005, effective Dec. 30, 2005. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals

PURPOSE: This rule lists the service-specific criteria and standards used in the Certificate of Need (CON) review process.

(1) For new units or services in the service area, use the following:

(A) Provide the minimum annual utilization for each of the other providers in the service area for the most recent three (3) full years, if applicable. The provider(s) should achieve at least the following community need rates as follows by the final year:

1. Magnetic resonance imaging procedures: 2,000
2. Positron emission tomography/computed tomography procedures: 1,000
3. Lithotripsy treatments: 1,000
4. Linear accelerator treatments: 3,500
5. Cardiac catheterization procedures (include coronary angioplasties): 500
6. Gamma knife treatments: 200
7. Computed tomography: 3,500
8. Robotic surgery system: 240

(B) For long-term care hospitals (such as a hospital-within-a-hospital or long-term acute care hospital), the applicant should comply with the standards as described in 42 CFR, section 412.23(e), and the bed need should meet the applicable population-based bed need methodology in 19 CSR 60-50.450;

(C) Alternate methodologies may also be provided.

(2) For additional units or services, provide the applicant's annual utilization for the most recent three (3) full years, if applicable. The applicant should achieve at least the following community need rates as follows, by the final year:

- (A) Magnetic resonance imaging procedures: 3,000
- (B) Positron emission tomography/computed tomography procedures: 1,000
- (C) Lithotripsy treatments: 1,000
- (D) Linear accelerator treatments: 6,000
- (E) Cardiac catheterization procedures: 750
- (F) Gamma knife treatments: 200
- (G) Computed tomography: 4,000
- (H) Robotic surgery system: 240

(3) For replacement equipment, utilization standards are not used, but rather the following questions shall be answered:

- (A) What is the financial rationale for the replacement?
- (B) How has the existing unit exceeded its useful life in accordance with American Hospital Association guidelines?
- (C) How does the replacement unit affect quality of care, utilization, and operational efficiencies compared to the existing unit?
- (D) Is the existing unit in constant need of repair?
- (E) Has the current lease on the existing unit expired?
- (F) What technological advances and capabilities will the new unit include?
- (G) How will patient satisfaction be improved?
- (H) How will the new unit improve outcomes and/or clinical improvements?
- (I) By what percentage will this replacement increase patient charges?

(4) For the construction of a new hospital, the following questions shall be answered:

- (A) What methodology was utilized to determine the need for the proposed hospital?
- (B) Provide the most recent three (3) full years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%).
- (C) What impact would the proposed hospital have on utilization of other hospitals in the service area?
- (D) What is the unmet need according to the following population-based bed need formula using (Unmet

Need = $(R \times P) - U$, where:

P = Year 2025 population in the service area;

U = Number of licensed and approved beds in the service area; and

R = Community need rate of one (1) bed per population in the service area as follows:

1. Medical/surgical bed: 570
2. Pediatric bed: 8,330
3. Psychiatric bed: 2,080
4. Substance abuse/chemical dependency bed: 20,000
5. Inpatient rehabilitation bed: 9,090
6. Obstetric bed: 5,880

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.450 Criteria and Standards for Long-Term Care

PURPOSE: This rule outlines the criteria and standards against which a project involving a long-term care facility would be evaluated in a Certificate of Need (CON) review.

(1) The following population-based long-term care bed need methodology for the fifteen- (15-) mile radius shall be used to determine the need:

(A) Approval of additional intermediate care facility/skilled nursing facility (ICF/SNF) beds will be based on:

1. A service area need determined to be fifty-three (53) beds per one thousand (1,000) year 2025 population age sixty-five (65) and older minus the current supply of ICF/SNF beds shown in the most recent Six-Quarter Occupancy of Hospital and Nursing Home Licensed and Available Beds report as provided by the Certificate of Need Program (CONP) which includes licensed and Certificate of Need (CON)-approved beds;

(B) Approval of additional residential care facilities/assisted living facilities (RCF/ALF) beds will be based on:

1. A service area need determined to be twenty-five (25) beds per one thousand (1,000) year 2025 population age sixty-five (65) and older minus the current supply of RCF/ALF beds shown in the most recent Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds as provided by the CONP which includes licensed and CON-approved beds; and

(C) Approval for Long-Term Care Hospital (LTCH) beds, as described in 42 CFR, section 412.23(e), will be based on a service area need determined to be one-tenth (0.1) bed per one thousand (1,000) year 2025 population minus the current supply of LTCH beds shown in the most recent Six-Quarter Occupancy of Long-Term Care Hospital Facility Licensed and Available Beds as provided by the CONP which includes licensed beds and CON-approved beds.

(D) If the project is to add beds to an existing long-term care facility, the applicant shall state whether or not the facility received any resident care Class I deficiencies within the last eighteen (18) months as a result of a survey, inspection, or complaint investigation and the reason for and status of the deficiencies.

(2) Replacement Chapter 198 beds may qualify for an exception to the LTC bed minimum occupancy requirements (MOR) plus shortened information requirements and review time frames if an applicant proposes to—

(A) Relocate RCF/ALF beds within a six (6)-mile radius pursuant to section 197.318.4(4), RSMo;

(B) Replace one-half (1/2) of its licensed beds within a thirty (30)-mile radius pursuant to section 197.318.5, RSMo; or

(C) Replace a facility in its entirety within a fifteen (15)-mile radius pursuant to section 197.318.6, RSMo, under the following conditions:

1. The existing facility's beds shall be replaced at only one (1) site;

2. The existing facility and the proposed facility shall have the same owner(s), regardless of corporate structure; and

3. The owner(s) shall stipulate in writing that the existing facility's beds to be replaced will not be used later to provide long-term care services by any person or entity; or if the facility is operated under a lease, both the lessee and the owner of the existing facility shall stipulate the same in writing.

~~(3) An LTC bed expansion involving a Chapter 198 facility may qualify for shortened information requirements and review time frames. The applicant shall submit the following information:~~

~~(A) If an effort to purchase has been successful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), included herein, between the selling and purchasing facilities, and a copy of the selling facility's reissued license verifying the surrender of the beds sold; or~~

~~(B) If an effort to purchase has been unsuccessful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), included herein, between the selling and purchasing facilities which documents the "effort(s) to purchase" LTC beds.~~

(34) An exception to the CON application filing fee will be recognized for any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS).

(45) For LTC renovation or modernization projects which do not include increasing the number of beds, the applicant shall document the following, if applicable:

(A) The proposed project is needed to comply with current facility code local, state, or federal government requirements for licensure, certification, or accreditation;

(B) Operational efficiencies will be attained through reconfiguration of space and functions;

(C) The methodologies used for determining need and the reallocation of space and functions; and

(D) The benefits to the facility because of its age or condition.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.460 Criteria and Standards for Evolving Technology

PURPOSE: This rule outlines the criteria and standards against which a project involving new technology would be evaluated in a Certificate of Need (CON) review.

(1) For evolving technology not currently available in the state or not in general usage in the state, the following shall be documented:

(A) The medical effects shall be described and documented in published scientific literature;

(B) The degree to which the objectives of the technology have been met in practice;

(C) Any side effects, contraindications or environmental exposures;

(D) The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;

(E) Food and Drug Administration approval;

(F) The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and

(G) Explain the degree of partnership, if any, with other institutions for the joint use of and financing of the evolving technology.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.470 Criteria and Standards for Financial Feasibility

PURPOSE: This rule outlines the criteria and standards against which a project involving a health care facility would be evaluated relative to the financial feasibility of the project in a Certificate of Need (CON) review.

(1) Proposals for any new hospital, skilled nursing facility, intermediate care facility, residential care facility, or assisted living facility construction must include documentation that the proposed costs per square foot are reasonable when compared to the latest RS Means Cost Data Percentile Limit Total New Construction Project Costs (Form MO 580-1866), included herein, available from the Certificate of Need Program (CONP). Any proposal with costs in excess of the three-fourths (3/4) percentile must include justification for the higher costs.

(2) Proposals must document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project including the amount of financing, or an auditor's statement that unrestricted funds are available for the project. Written financial statements from an applicant's employee will not be acceptable to document financial feasibility unless that statement is notarized by a notary public. The committee may, at its own discretion, choose to reject any documentation that does comply with this provision.

(3) Document financial feasibility by including—

(A) The Service-Specific Revenues and Expenses (Form MO 580-1865), included herein, as a financial pro forma for each revenue generating service affected by the project for the past three (3) full years projected through three (3) full years beyond project completion; and

(B) For existing services, a copy of the latest available audited financial statements or the most recent Internal Revenue Service (IRS) 990 Form or similar IRS filing for facilities not having individual audited financial statements.

(4) Show how the proposed service will be affordable to the population in the proposed service area:

(A) Document how the proposal would impact current patient charges, and disclose the method for deriving charges for this service, including both direct and indirect components of the charge; and

(B) Demonstrate that the proposed service will be responsive to the needs of the medically indigent through such mechanisms as fee waivers, reduced charges, sliding fee scales, or structured payments.

(5) If the proposal is for a new skilled nursing or intermediate care facility, provide the percentage of the admissions that would be Medicaid eligible on the first day of admission or become Medicaid eligible within ninety (90) days of admission.

(6) If the proposal is to add new long-term beds to an existing skilled nursing or intermediate care facility, provide the percentage of the admissions that is Medicaid eligible on the first day of admission or becomes Medicaid eligible within ninety (90) days of admission.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective April 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.480 Criteria and Standards for Alternatives (Rescinded June 30, 2002)

AUTHORITY: section 197.320, RSMo Supp. 1997. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded: Filed Dec. 14, 2001, effective June 30, 2002.

19 CSR 60-50.500 Additional Information

PURPOSE: This rule describes the process for submitting additional information and for requesting a public hearing on Certificate of Need (CON) applications in the CON review process.

(1) Additional information requested by the Missouri Health Facilities Review Committee (committee) shall be submitted within the time frame specified by the committee.

(2) If an application is determined to be incomplete, the applicant shall be notified within ~~fifteen~~ twenty (15) calendar days after filing a full or expedited application ~~or within five (5) working days after filing of an expedited application~~. The applicant's written response shall be received within ten (10) calendar days after receipt of notification.

(3) Support, neutral, and opposing information submitted by affected persons shall be received at the committee's principal office at least three (3) full business days before the scheduled meeting of the committee.

(4) Copies of any additional information sent directly to the committee by applicants or affected persons shall also be sent to the Certificate of Need Program (CONP) for file copies.

(5) When a request in writing or email is filed by any affected person within thirty (30) calendar days from the date of publication of the Application Review Schedule, the committee or CONP staff shall hold a public hearing on any application under the following conditions:

(A) The hearing may be conducted in the city of the proposed project if monetarily feasible;

(B) The CONP staff will present the introductions and orientation for the public hearing;

(C) The applicant may have up to fifteen (15) minutes for a presentation at the public hearing;

(D) Any person may present written testimony and up to five (5) minutes of verbal testimony at the public hearing; and

(E) The testimony shall become a part of the record of the review.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.600 Certificate of Need Decisions

PURPOSE: This rule describes the process for making decisions on Certificate of Need (CON) applications in the CON review process.

(1) Decisions on full Certificate of Need (CON) applications and contested expedited applications shall be subject to the following:

(A) Parliamentary procedures for all face-to-face, videographic, telephonic, and computerized meetings shall follow Robert's Rules of Order, incorporated by reference, newly revised edition, 10th edition, published October 2000, Perseus Publishing, 11 Cambridge Center, Cambridge, MA 02142. This rule does not include any later amendments or additions;

(B) The CON Program's analysis becomes the findings of fact for the Missouri Health Facilities Review Committee (committee) decision except to the extent that it is expressly rejected, amended, or replaced by the committee in which case the minutes of the committee will contain the changes and become the amended findings of fact of the committee. The committee's final vote becomes conclusion of law; and

(C) A final decision is rendered on any application after each committee member present is given the opportunity to vote and the chair announces the passage or defeat of the motion on the floor. The chair or acting chair shall vote only in case of a tie.

(2) Decisions on expedited CON applications shall be subject to the following:

(A) In the case of qualifying expedited review applications, committee members will receive a ballot in addition to the written analysis. Members may vote either to approve the application or to have it placed on the next formal meeting agenda for consideration;

(B) Ballots may be returned to the CON office by either mail, email, or fax, but must be received within seven (7) business days from the date they were emailed to committee members; and

(C) A final decision to approve the application will be rendered if all ballots received by the cut-off date (at least five (5) ballots are required) signify a vote to approve the project. If the vote is not unanimous, the application will be subject to the provisions of section (1) of this rule.

(3) The committee shall make a decision on an application within one hundred thirty (130) calendar days after the date the application is filed and subsequently notify the applicant by providing either a legal certificate or denial letter by mail and email.

*AUTHORITY: section 197.320, RSMo 2016. * Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.700 Post-Decision Activity

PURPOSE: This rule describes the procedure for filing Periodic Progress Reports after approval of Certificate of Need (CON) applications, CONs subject to forfeiture, and the procedure for requesting a cost overrun.

(1) Applicants who have been granted a Certificate of Need (CON) or a Non-Applicability CON letter shall file reports by mail or email with the Missouri Health Facilities Review Committee (committee), using Periodic Progress Report (Form MO 580-1871), included herein. A report shall be filed within ten (10) days following the end of each six- (6-) month period after CON approval, or issuance of a Non-Applicability CON letter, until the project is complete which includes the licensing of all new beds, installation of equipment, and/or completion of renovations. All Periodic Progress Reports must contain a complete and accurate accounting of all expenditures for the report period. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), included herein.

(2) Applicants who have been granted a CON and fail to incur a capital expenditure within six (6) months may request an extension of six (6) months by submitting a written request to the committee outlining the reasons for the failure, with a listing of the actions to be taken within the requested extension period to insure compliance. The Certificate of Need Program (CONP) staff on behalf of the committee will analyze the request and grant an extension, if appropriate. Applicants may request additional extensions by submitting a completed Request for Extension (Form MO 580-1872), included herein, and must provide financial information plus other documentation describing delays.

(3) A Non-Applicability or LTC bed expansion pursuant to 197.318.4 CON letter is valid for six (6) months from the date of issuance. Failure to incur a capital expenditure or purchase the proposed equipment within that time frame shall result in the Non-Applicability CON letter becoming null and void. The applicant may request one (1) six (6)-month extension unless otherwise constrained by statutory changes. Failure to file the required Periodic Progress Report shall result in the Non-Applicability or LTC bed expansion CON letter becoming null and void.

(4) A CON shall be subject to forfeiture for failure to—

(A) Incur a project-specific capital expenditure within twelve (12) months after the date the CON was issued through substantial initiation of project aboveground construction by any of the following: installation of structural support; installation of structural steel; installation of framing; or establishing foundations and a wall. ~~or~~ For major medical equipment, applicants must provide a copy of the signed lease/purchase of the proposed equipment which includes the date of purchase, delivery, installation and operational date or proof of physical equipment delivery. For renovation projects, applicants must initiate the detailed renovations outlined in the approved project description. For bed projects with a project cost of zero (0) dollars, the applicant must document appropriate department licensure of the approved bed(s). ~~since a~~ capital expenditure, according to generally accepted accounting principles, must be applied to a capital asset; or

(B) File the required Periodic Progress Report.

(5) If the CONP staff finds that a CON may be subject to forfeiture—

(A) Not less than thirty (30) calendar days prior to a committee meeting, the CONP shall notify the applicant in writing of the possible forfeiture, the reasons for it, and its placement on the committee agenda for action; and

(B) After receipt of the notice of possible forfeiture, the applicant may submit information to the committee within ten (10) calendar days to show compliance with this rule or other good cause as to why the CON shall not be forfeited.

(6) If the committee forfeits a CON, or a Non-Applicability or LTC bed expansion pursuant to 197.318.4(1) CON letter becomes null and void, CONP staff shall notify all affected state agencies of this action.

(7) Cost overrun review procedures implement the CON statute section 197.315.7, RSMo. Immediately upon discovery that a project's actual costs would exceed approved project costs by more than ten percent (10%), the applicant shall apply for approval of the cost variance. A nonrefundable fee in the amount of one-tenth of one percent (0.1%) of the additional project cost above the approved amount made payable to "Missouri Health Facilities Review Committee" shall be required. The information requirements for a cost overrun review are required as follows:

(A) Amount and justification for cost overrun shall document—

1. Why and how the approved project costs would be exceeded, including a detailed listing of the areas involved;

2. Any changes that have occurred in the scope of the project as originally approved; and

3. The alternatives to incurring this overrun that were considered and why this particular approach was selected; and

(B) Provide a Proposed Project Budget (Form MO 580-1863), included herein, and budget detail including all methods and assumptions used. Documentation of costs may be requested.

(8) Applicants may request a project owner change. The information requirements for an owner change review are as follows:

(A) Reason for owner change;

(B) Statement as to whether or not the proposed owner is an affiliate of the current owner, and explanation of relationship;

(C) Evidence that the existing owner agrees to the change. This can be a statement or a contract;

(D) Documentation that the proposed owner owns the site, or has an executed option to purchase or lease the real property;

(E) Documentation that the proposed owner(s) is registered to do business in Missouri;

(F) Documentation that sufficient financing would be available to assure completion of the project; and

(G) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed owner listed.

(9) Applicants may request a project operator change. The information requirements for an operator change review are as follows:

(A) Reason for operator change;

(B) Statement as to whether or not the proposed operator is an affiliate of the current operator, and explanation of relationship;

(C) Evidence that the existing operator agrees to the change. This can be a statement or a contract;

(D) Documentation that the proposed operator(s) is registered to do business in Missouri;
(E) The proposed operator must provide a brief explanation of their ability and experience operating a long-term care facility.

1. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.

2. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked.

3. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.

4. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked; and

(F) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed operator listed.

(10) Applicants may request a project site change. The information requirements for a site change review are as follows:

(A) Reason for site change;

(B) Documentation the proposed site is within fifteen (15) miles as the crow flies of the existing site;

(C) Documentation that the owner owns the site, or has an executed option to purchase or lease the real property;

(D) Documentation of the cost of the proposed site;

(E) A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries;

(F) Statement as to whether or not the project cost would change. If the project cost would change, submit a revised -proposed budget and fee if applicable;

(G) Provide the population-based long-term care bed need methodology for the fifteen- (15-) mile radius of the proposed site;

(H) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed site listed;

(I) List of any additional changes to the project as originally presented to the committee, such as—

1. Decrease in the number of beds. If a decrease, how many beds would be licensed;

2. Change to the building structure(s). If there would be a change, a description of the change(s), the total square footage, and revised schematics of the proposed building(s) with all use of space marked; and

3. The timeline of events for the project, from site change approval through project completion;

(J) Statement of how consumers were made aware of the proposed site change. All feedback received from consumers regarding the proposed site; and

(K) Documentation that sufficient financing would be available to assure completion of the project.

(11) Any applicant who requests an owner, operator or site change or cost overrun must still comply with sections (1) and (2) of this rule.

(12) At any time during the process from Letter of Intent to project completion, the applicant is responsible for notifying the committee of any change in the designated contact person. If a change is necessary, the applicant must file a Contact Person Correction (Form MO 580-1870), included herein.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective April 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.800 Meeting Procedures

PURPOSE: This rule describes the meeting format and protocol in a Certificate of Need (CON) review meeting.

- (1) The regular meetings of the Missouri Health Facilities Review Committee (committee) to consider Certificate of Need (CON) applications shall be held approximately every eight (8) weeks according to a schedule adopted by the committee before the beginning of each calendar year and modified periodically to reflect changes. A copy of this calendar may be obtained from the CON Program (CONP) staff or CON website.
- (2) All new information not previously in the application, shall be received by the CONP staff at least thirty (30) calendar days before the scheduled meeting with one (1) exception. An applicant shall have no less than ~~ten-two~~ (2+0) business days to respond to the findings of the staff and adverse information received from other parties. An applicant shall respond in writing to an inquiry from a committee member. The response shall be provided to the committee for consideration and a copy shall be sent to the CON office.
- (3) Requests for the addition of agenda items including CON modification and extension requests shall be received by the CONP staff at least thirty-five (35) calendar days before the scheduled meeting.
- (4) Any committee member may request that an item be added to the agenda up to forty-eight (48) hours before the scheduled meeting, exclusive of weekends and holidays when the principal office is closed.
- (5) The tentative agenda for each committee meeting shall be released at least twenty (20) calendar days before each meeting.
- (6) The committee may give the applicant and affected persons an opportunity to make brief presentations at the meeting according to the Missouri Health Facilities Review Committee Meeting Format and Missouri Health Facilities Review Committee Meeting Protocol. The applicant and affected persons shall conform to the following procedures:
 - (A) The applicant's presentation shall be a key points summary based on the written application and shall not exceed ten (10) minutes inclusive of all presenters with five (5) minutes additional time for summation;
 - (B) Others in support or opposition to the applicant's project (such as political representatives, citizens of the community and other providers) shall be categorized as unrelated parties and shall appear after the applicant's presentation;
 - (C) Regardless of the number of presenters involved in the presentation, individual presentations by unrelated parties in support of, neutral, or in opposition to the applicant's project shall not exceed three (3) minutes each;
 - (D) No new material shall be introduced with the exception of materials or information provided in response to the CONP staff or at the request of a committee member;
 - (E) Rebuttals by applicants of presentations by affected persons are generally allowed;
 - (F) All presenters shall complete and sign a Representative Registration (Form MO 580-1869), included herein, and give it to the sign-in coordinator prior to speaking;
 - (G) The reserved area in the hearing room may be used by an applicant only during the applicant's presentation and then vacated for the next group (individuals waiting to present shall remain clear of the podium and staff area until specifically called by the chairman); and
 - (H) Prescribed time limits shall be monitored by the timekeeper, and presenters shall observe the timekeeper's indications of lapsed time to ensure that each presenter has an opportunity to present within the allotted time.
- (7) Additional meetings of the committee may be held periodically. These meetings may include educational workshops for members to gain knowledge, meetings with organizations for cooperative purposes, discussion of rules, seeking legal advice from counsel, and other issues.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.900 Administration

PURPOSE: This rule describes the duties and responsibilities of the Certificate of Need (CON) Program staff.

- (1) The role of the Missouri Health Facilities Review Committee (committee) includes the following:
 - (A) Make specific decisions about applications, applicability and administrative matters;
 - (B) Make policy decisions to include the development of rules; and
 - (C) Oversee operations of the Certificate of Need Program (CONP) staff.
- (2) The role of the CONP staff includes the following:
 - (A) Act as an agent of the committee; and
 - (B) Perform administrative tasks.
- (3) The CONP staff shall be staffed as follows:
 - (A) The committee shall employ a CONP coordinator and additional staff to perform the duties assigned to it by law;
 - (B) The committee shall designate the CONP coordinator, or his/her designee, to perform any administrative functions that may be required of the committee by law; and
 - (C) The CONP staff shall be housed at the principal office of the committee.
- (4) The committee shall maintain its principal office in Jefferson City where the CONP staff will:
 - (A) Accept letters of intent, applications and any other written communication related to the conduct of the CONP;
 - (B) Accept service of legal process;
 - (C) Maintain its records; and
 - (D) Post all notices required by law.
- (5) The CONP staff shall provide technical assistance to potential applicants.
- (6) The committee and CONP staff shall post information on the CONP website containing the status of reviews being conducted, the reviews completed since the last report, and the decisions made, plus an annual summary of activities for the past calendar year.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Aug. 9, 2019, effective March 30, 2020.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

**Incomplete Projects Report
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
1011 NS	Garden View of Chesterfield Establish 240-Bed SNF	St. Louis	St. Louis	06/26/1986	\$11,735,000	79%		06/12/91: Transfer of ownership approved (formerly Barnes Continuing Care Corp.) 1/92: Project reported at 79% complete. 130/240 beds licensed
3765 NS	Frene Valley Geriatric & Rehab Center Replace 30 SNF beds	Hermann	Gasconade	06/21/2005	\$2,000,000	5%		1/9/23: Contact Correction. Previously was Tom Vaughn <tom.vaughn@huschblackwell.com>
3815 NS	Crescent Care, LLC Replace 264-bed SNF	St. Louis	St. Louis	09/21/2005	\$18,198,322	4%		Facility to be replaced: Tower Village (264-bed SNF), 4518 Blair Ave., St. Louis 63107, St. Louis City 11/20/06: Second extension 03/26/07: Third extension 12/03/07: Fourth extension 06/02/08: Fifth extension 12/08/08: Sixth extension 2009: Applicant documented above ground construction in 2009. 04/03/23: Contact Person updated. Was Thomas Vaughn <tom.vaughn@huschblackwell.com>
4050 RS	Chateau Girardeau Add 18 ALF beds/renovate facility	Cape Girardeau	Cape Girardeau	06/04/2007	\$2,629,629	50%		05/09: 11 of 18 beds are complete and licensed. 4/3/23: Contact Person Change. Was Thomas Vaughn <tom.vaughn@huschblackwell.com>
4170 RS	MH-Brookview, LLC (prev. Mackenzie Place) Establish 44-bed ALF	Maryland Heights	St. Louis	03/31/2008	\$7,300,000	5%		06/01/09: Change of owner/operator to MHBrookview, LLC, change of site, and reduction in project cost. 01/09/12: Multiple ext. to 03/30/12. 02/04/13: CON modified from 77-bed to 44 and \$12,597,650 to 7,300,000.
4307 RS	The Gardens at Barry Road Add 148 ALF beds	Kansas City	Platte	02/02/2009	\$27,000,000	20%		05/10/10: 2nd ext. to 08/01/10 09/13/10: 3rd ext. to 02/01/11 05/09/11: 4th ext. to 08/01/11 09/12/11: 5th ext. to 03/12/12. Owner/operator change to BSLC II. 10/04/11: Closed on financing 09/26/11. 2/21/14: 40 beds licensed
4479 NP	Columbia Manor Care Center Purchase 40 SNF beds- Expansion	Columbia	Boone	03/24/2010	\$2,924,500	0%		3/24/23: Rcvd Contact Correction. Was Thomas Vaughn <tom.vaughn@huschblackwell.com> 12/19/23: Rcvd Contact Correction. Was Emily Solum <emily.solum@huschblackwell.com> 1/8/24: Owner/Operator change approved; previously Columbia Manor, Inc (Owner/Operator)

**Incomplete Projects Report
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
4516 RS	The Lumiere of Chesterfield (Previously Establish 51-bed ALF	Chesterfield	St. Louis	07/12/2010	\$14,400,000	99%		1/24/11: 1st ext to 7/11/11 9/12/11: 2nd ext. to 1/12/12 5/7/12: 3rd ext. to 9/12/12 10/15/12: 4th ext. to 3/12/13 1/4/16: Multiple exts to 3/12/16 & operator change (was Chesterfield Senior Care, LLC) 5/2/16: 11th ext to 9/12/16 & owner change (prev. Vision Ventures, LLC), operator change (Prev. Covenant Senior Care, LLC) & site change (prev 17655 Wild Horse Creek Rd) 3/6/17: MHFRC changed numbering of exts. & approved 2nd & 3rd ext to 9/12/17 11/6/17: 4th & 5th exts to 9/12/18 & site change (Pr16580 Wild Horse Creek Road) 11/9/18- 6th & 7th ext to 9/12/19. 11/4/19-8th & 9th Ext to 9/12/20, Rich Hill stated if no cap exp by 9/2020, they will voluntarily forfeit the project. 7/13/20-10th ext to 3/12/21 10/31/22: 8/26/22: admin change to address, was 16125 Chesterfield Parkway 11/10/22: C/O approved was \$8,213,069 8/16/24: 2nd Name Change - Prev Shelbourne Senior Living (Previously Chesterfield Senior Care)
4739 RS	Avalon Memory Care LLC Establish 60-bed ALF	St. Louis	St. Louis	03/05/2012	\$5,399,868	79%		08/24/12: 1st ext. to 03/05/13. 05/06/13: 2nd extension to 09/05/13. 09/09/13: 3rd extension to 03/05/14. 03/10/14: 4th extension to 09/05/14. 09/08/14: 5th extension to 03/05/15. 03/02/15: 6th extension to 9/5/15
4773 NT	The Maples Health and Rehabilitation Replace 135-bed SNF	Springfield	Greene	07/09/2012	\$12,053,505	89%		Facility is licensed for 120 beds. Phase II of plan is not complete
5026 RS	Benton House of Staley Hills Establish 95-bed ALF	Kansas City	Clay	05/05/2014	\$10,200,000	92%		12/12/14: 1st ext 7-13-15 2nd ext to 11-5-15 3/7/16-3rd ext to 5/5/16 7/11/16 4th ext to 11/5/16 10/22/24: Contact person changed from Craig Elmore jjedcoe@aol.com
5091 RS	The Gables at Brady Circle Establish 80-bed ALF	St. Louis	St. Louis	11/03/2014	\$1,625,000	97%		5/3/15-1st ext to 11/3/15 6/18/24 Contact changed from Tom Piper macquest@mac.com

**Incomplete Projects Report
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5208 RS	St. Louis Altenheim ALF Memory Care Establish 30 bed ALF	St. Louis	St. Louis	09/14/2015	\$2,485,000	76%		9/1/22: Contact Correction Person rec'd. Originally Rich Hill <rhill@lashlybaer.com> 6/18/24 Contact Correction Person rcvd previously Thomas Piper macquest@mac.com
5234 DS	Copper Rock Village Establish 90-bed SNF and 60-bed ALF	Rogersville	Webster	01/04/2016	\$17,063,685	71%		7/22/16-1st ext to 1/4/17 3/6/17: 2nd & 3rd ext to 1/4/18 3/5/18: 4th & 5th ext to 1/4/19 1/10/23: Contact update. Contact was Thomas Vaughn <tom.vaughn@huschblackwell.com>
5323 RS	Palestine Legacy Residences Establish 39-bed ALF	Kansas City	Jackson	11/07/2016	\$5,471,250	16%	11/07/2024	1/29/18-1st ext. to 11/7/17 3/5/18: 2nd & 3rd ext. to 11/7/18 3/4/19: 4th & 5th ext to 11/7/19 5/6/19- site change approved, prev location was 3640 Benton Boulevard, project cost decreased from 9,259,235 11/4/19-6th & 7th ext to 11/7/20. 11/9/20- 8th & 9th ext to 11/7/21. 11/8/21: 10th & 11th ext to 11/7/22 11/10/22: 12th & 13th ext to 11/7/23 11/6/23: 14th & 15th ext to 11/7/24 10/21/24: Contact change from Craig Elmore jjedcoe@aol.com
5433 RS	Springhouse Village Establish 85-bed ALF	Rogersville	Greene	05/01/2017	\$13,582,500	0%	05/01/2025	11/9/17-1st ext to 5/1/18 9/10/18-2nd & 3rd ext to 5/1/19 5/6/19- 4th & 5th Ext to 5/1/20 7/13/20-6th & 7th ext to 5/1/21 5/24/21-8th, 9th & 10th ext to 11/1/22 2/23/22-Contact person changed from Thomas R. Piper 11/10/22: 11th, 12th, & 13th ext to 5/1/24 5/6/24: 14th Ext Denied 7/29/24: Involuntary forfeiture rescinded, 14th & 15th ext to 5/1/25
5446 RS	Mount Carmel Senior Living Establish 10-bed ALF	O'Fallon	St. Charles	07/10/2017	\$1,607,270	99%		1/17/18-1st ext to 7/10/18 7/18/18-2nd & 3rd ext to 7/10/19 7/8/19: 4th & 5th ext to 7/10/20 7/13/20-6th ext to 1/10/21 3/1/21-7th ext to 7/10/21, decreased number of beds from 32
5492 HA	Farmington Hospital and Behavioral Clinic Establish 48-bed Psychiatric Hospital	Farmington	St. Francois	11/06/2017	\$756,005	62%		

**Incomplete Projects Report
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5493 NA	Farmington Nursing Center Establish 101-bed SNF	Farmington	St. Francois	11/06/2017	\$505,005	63%		NA Letter re-issued on 4/11/2019, previously to establish 65-bed SNF
5509 RS	Essex Manor, LLC Establish 50-bed RCF	Essex	Stoddard	11/06/2017	\$302,000	98%		7/30/18-1st Ext to 11/6/18 11/9/18-2nd & 3rd ext to 11/6/19 11/4/19-4th ext to 5/6/20 7/13/20-5th & 6th ext to 5/6/21 5/24/21-7th & 8th ext to 5/6/22 9/12/22- 9th Ext to 11/06/22, Owner and Op change approved; previously Essex Manor, LLC (owner&operator); project cost decreased to \$302,000 5/30/24: Contact changed from Thomas Piper macquest@mac.com
5556 RS	Garden Villas of Meramec Valley Establish 60-bed ALF	Fenton	St. Louis	03/05/2018	\$14,580,000	0%	09/05/2025	4/30/19-1st ext to 3/5/19 7/8/19: 2nd & 3rd ext to 3/5/2020 3/2/20: 4th ext to 9/5/20 1/4/21: 5th & 6th exts to 9/5/21 11/8/21: 7th & 8th exts to 9/5/22 11/10/22: 9th, 10th, & 11th ext to 3/5/24 5/6/24: 12th, 13th & 14th Ext to 9/5/25
5668 HS	Cox Monett Hospital New/Replace 25-bed Hospital	Monett	Barry	03/04/2019	\$44,803,200	99%		9/6/19-granted 1st extension to 3/4/2020 *Contact person changed 10/18/22, was Christopher Breite
5666 RS	Vantage Pointe at Adworth Drive Establish 71-bed ALF	Mehlville	St Louis	03/04/2019	\$14,553,243	1%	03/04/2025	11/18/19-1st Ext granted to 3/4/2020 3/2/20-2nd & 3rd Exts granted to 3/4/2021 5/24/21-4th & 5th Exts granted to 3/4/22 3/7/22:6th Ext to 9/4/22 9/12/22: 7th & 8th Ext to 9/4/23 11/6/23: 9th ext to 3/4/24 5/6/24: 10th& 11th Ext to 3/4/25 5/8/24: Contact Person Correction; was Tom Piper (macquest@mac.com)
5703 RS	The Preserve Village Establish 105-bed ALF	Branson	Taney	09/09/2019	\$15,806,500	1%	03/09/2025	4/28/20- 1st Ext granted to 9/9/20 11/9/20- 2nd & 3rd exts to 9/9/21 11/8/21- 4th & 5th exts to 9/9/22 2/23/22-Contact person changed from Thomas R. Piper 9/12/22: 6th & 7th ext to 9/9/23 9/12/23: 8th, 9th & 10th ext to 3/9/25

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5717 RS	Springhouse Village Add 20-ALF beds	Rogersville	Greene	11/04/2019	\$2,125,550	0%	05/04/2025	5/29/20: 1st ext to 11/04/20 11/9/20: 2nd ext to 5/4/21 5/24/21-3rd, 4th & 5th ext to 11/4/22 2/23/22-Contact person changed from Thomas R. Piper 11/10/22: 6th, 7th, & 8th ext to 5/4/24 5/6/24: 9th Ext denied 7/29/24: Involuntary forfeiture rescinded, 9th & 10th ext to 5/4/25 10/28/24: Contact Change from Elizabeth Link lizlink7@gmail.com
5707 RS	Poplar Bluff II - Assisted Living by Americare Establish 34-bed ALF	Poplar Bluff	Butler	01/06/2020	\$5,258,412	0%	07/06/2025	1/6/20-applicant stated that River Mist would forfeit 17 ALF beds within 6 months of licensure of Poplar Bluff II. 7/27/20: Sent email 1st Ext req. 1/4/21: 2nd ext to 7/6/21 7/12/21: 3rd & 4th ext to 7/6/22 7/11/22: 5th & 6th ext to 7/6/23 7/24/23: 7th & 8th ext to 7/6/24 7/24/24: 9th & 10th ext to 7/6/25
5797 RS	St. Charles Senior Living Community Establish 68-bed ALF	St. Charles	St. Charles	09/14/2020	\$16,870,389	2%		3/19/21: 1st ext to 9/14/21-emailed 9/14/21-2nd ext to 3/14/22 4/25/22- 3rd ext to 9/14/22 11/10/22- 4th and 5th ext to 9/14/23
5813 RS	The Cottages of St. Louis County Establish an 80-bed ALF	Florissant	St. Louis	01/04/2021	\$10,000,000	0%	01/04/2025	7/27/21: 1st Ext to 1/4/22 3/7/22: 2nd & 3rd Ext to 1/4/23 3/6/23: 4th & 5th Ext to 1/4/24 3/4/24: 6th & 7th Ext to 1/4/25 5/28/24: Contact person changed from Thomas Piper macquest@mac.com
5811 RS	Bowling Green Residential Care Add 20 RCF beds	Bowling Green	Pike	01/04/2021	\$51,000	99%		2/15/23- Breakdown of cost is saved in compliance folder, still need license showing the added beds.
5817 RS	Harmony Homes Establish 80-bed ALF	Maryland Heights	St. Louis	01/04/2021	\$10,707,830	5%	07/04/2025	7/9/21- 1st ext to 1/4/2022 1/4/22- 2nd and 3rd ext to 1/4/23 3/7/22: Site Change approved, previously 600 North Ballas Road, Kirkwood, MO. 63122 11/10/22: Site Change approved, previously 1889 & 1903 Ross Avenue & 12435 & 12440 Devine Dr., Maryland Heights, MO. 63146 1/9/23: 4th and 5th ext to 1/4/24 3/4/24: 6th Ext to 7/4/24 10/01/24: 7th & 8th Ext to 7/4/25

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5830 RS	Jefferson City-Assisted Living by Americare Establish 40-bed ALF	Jefferson City	Cole	03/01/2021	\$5,506,601	0%	03/01/2025	9/9/21: 1st ext to 03/01/2022 3/7/22: 2nd & 3rd Ext to 3/1/23 3/6/23: 4th & 5th Ext to 3/6/24 3/4/24: 6th & 7th Ext to 3/1/25
5812 NS	Ignite Medical Resort St. Peters Establish 91-bed SNF	St. Peters	St. Charles	03/01/2021	\$26,000,000	9%		8/27/21: 1st ext to 03/01/2022 11/8/21: owner change approved; previous owner was St. Peters Senior Partners, LLC 3/7/22: 2nd Ext to 9/1/22 9/12/22: 3rd Ext to 3/1/23 3/6/23: 4th & 5th Ext to 3/1/24 11/6/23: CO approved, prev cost: \$22,000,000 3/4/24: 6th Ext to 9/1/24
5799 DS	The Baptist Home at Ashland Establish 20-bed ALF & 40-bed SNF	Ashland	Boone	03/01/2021	\$13,338,832	70%		10/29/21: 1st ext to 03/01/2022 9/12/22: 2nd & 3rd Ext to 3/01/23 3/6/23: 4th Ext to 9/1/23 9/12/23: 5th ext to 3/1/24
5839 HT	Barnes-Jewish Hospital Replace proton therapy unit	St. Louis	St. Louis City	03/24/2021	\$23,000,000	99%		Will replace #3965 HS
5847 RS	Hampton Manor of Wentzville Establish 85-bed ALF	Wentzville	St. Charles	05/24/2021	\$14,011,000	95%		10/01/24: Involuntary forfeiture deferred to 11/18/24
5848 RS	Hampton Manor of O'Fallon Establish 107-bed ALF	O'Fallon	St. Charles	05/24/2021	\$15,000,000	60%		
5840 RS	Majestic Residences at Old Hawthorne Establish 36-bed ALF	Columbia	Boone	05/24/2021	\$6,648,303	0%	11/24/2024	11/24/2021: Contact Person change, previously Barbara Bailey --bbaileysss9@gmail.com 11/24/21: 1st ext to 5/24/22 7/11/22: 2nd ext to 11/24/22 3/6/23: 3rd ext to 5/24/23 7/24/23: 4th ext deferred to 9/12/23 9/12/23: 4th ext to 11/24/23 1/8/24: 5th ext to 5/24/24 7/29/24: 6th ext to 11/24/24
5860 RS	Cedarhurst of Wentzville Establish 80-bed ALF	Wentzville	St. Charles	07/12/2021	\$15,600,000	65%		1/13/22: 1st Ext to 7/12/22 7/11/22: 2nd ext to 1/12/23 1/9/23: 3rd ext to 7/12/23
5880 RS	Hampton Manor of St. Peters Establish 98-bed ALF	St. Peters	St. Charles	09/14/2021	\$16,089,000	97%		4/21/22: 1st ext to 9/14/22 10/01/24: Owner & operator change approved; Ow/OP previously Investors Lands Holding of St. Peters LLC

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5879 DS	CCRC of Lee's Summit Establish 106-bed ALF and 40-bed SNF	Lee's Summit	Jackson	01/04/2022	\$29,729,097	46%		7/21/22: 1st ext to 1/04/23 1/9/23: 2nd, 3rd and 4th ext to 7/4/24
5893 RS	The Emerson at St. Peters Establish 22-bed ALF	St. Peters	St. Charles	01/04/2022	\$6,650,722	15%		6/23/22: 1st Ext to 1/4/23 10/01/24: Operator Change approved, previously Watermark St. Peters, LLC
5917 RS	Mason Pointe Care Center Add 24 ALF beds	Chesterfield	St. Louis	03/07/2022	\$1,670,513	99%		12/27/2021 - Rec'd Contact Person change. Paul Ogier (Paul.Ogier@LSSLiving.org) to Emily Solum 1/18/22-applicant requested decrease in beds from 35 to 24 ALF beds
5924 HT	Centerpoint Medical Center Replace Cardiac Cath Lab	Independence	Jackson	03/24/2022	\$3,098,460	0%		To replace #3630 HS 9/22/22: 1st ext req to 3/24/23 5/1/23: 2nd Ext to 9/24/23
5927 RS	Glenfield Memory Care Add 36 ALF beds	Cottleville	St. Charles	04/25/2022	\$5,151,850	95%		11/1/22: 1st ext req to 4/25/23 5/1/23: 2nd Ext to 10/25/23 11/6/23: 3rd ext to 4/25/24
5928 RS	New Perspective of Weldon Spring Establish 170-bed ALF	Weldon Spring	St. Charles	04/25/2022	\$41,416,000	100%		10/24/22: 1st Ext Req to 4/25/23 5/1/23:2nd Ext to 10/25/23 6/4/24: Contact change from Tom Piper macquest@mac.com 10/24/24: Contact change from Robert McCormick bob.mccormick@boldt.com
5932 NS	The Baptist Homes Smithville Establish 48-bed SNF	Smithville	Clay	07/11/2022	\$6,401,123	99%		9/12/23: C/O approved, previous amount \$5,183,394
5933 RS	Hampton Manor of Republic Establish 107-bed ALF	Republic	Greene	09/12/2022	\$16,000,000	23%		
5955 RS	Hampton Manor of Lake Ozark Establish 107-bed ALF	Lake Ozark	Camden	09/12/2022	\$18,000,000	0%	09/12/2024	3/24/23: 1st extension to 9/12/23 1/8/24: 2nd & 3rd Ext to 9/12/24
5954 RS	NWKC Senior Community, LLC Establish 79-bed ALF	Kansas City	Platte	09/12/2022	\$19,439,276	37%		3/14/23:1st Ext Granted to 9/12/23 10/4/23: contact person changed from Paul Brothers 11/6/23: 2nd & 3rd ext to 9/12/24, CO also approved.. Prev.\$16,607,558 4/30/24: Rec'd Contact Correction, prev. Cody Hagan <chagan@gravesgarrett.com> 7/29/24: Owner change approved, prev NWKC Senior Community, LLC

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5929 NS	Eagles Nest Nursing Home Establish 40-bed SNF	St. Louis	St. Louis City	09/12/2022	\$6,720,385	0%	09/12/2025	4/5/23: 1st extension to 9/12/23 11/6/23: 2nd & 3rd ext to 9/12/24 & site change approved, prev site: 4101 North Grand Blvd, St. Louis, 63107 5/28/24 Contact changed from Thomas Piper macquest@mac.com 10/01/24: 4th & 5th ext to 9/12/25
5963 NT	Mason Pointe Care Center Ren/Mod 256-bed SNF	Chesterfield	St. Louis	09/21/2022	\$16,838,176	75%		
5969 NT	Westfield Nursing Center Replace 82-bed SNF (15-mile replacement)	Sikeston	New Madrid	11/10/2022	\$11,500,000	15%		5/9/23: 1st Ext to 11/10/23
5970 DS	St. Louis Altenheim Add 23 ALF beds and 25 SNF beds	St. Louis	St. Louis City	11/10/2022	\$2,124,000	0%	11/10/2024	6/21/23: 1st ext to 11/10/23 11/6/23: 2nd & 3rd ext to 11/10/24 6/18/24 Contact person changed previously Thomas Piper macquest@mac.com
5971 RS	Topwood Home, LLC Establish 75-bed ALF	Manchester	St. Louis	11/10/2022	\$13,850,000	0%	11/10/2024	6/23/23: 1st Ext to 11/10/2023 1/8/24: 2nd & 3rd Ext to 11/10/24
5998 RA	The Baptist Home DBA Baptist Homes of Establish 12-bed RCF	Adrian	Bates	01/19/2023	\$207,411	99%		
5988 RT	Capetown Assisted Living Replace 5 ALF beds (6-mile replacement)	Cape Girardeau	Cape Girardeau	01/23/2023	\$1,208,700	0%	01/23/2025	5 ALF beds replaced from Auburn Creek 7/24/23: 1st Extension to 01/23/2024 3/4/24: 2nd & 3rd Ext to 1/23/25
5989 HT	Barnes Jewish Hospital Replace MRI	St. Louis	St. Louis City	01/23/2023	\$10,834,000	35%		
6003 HS	UHS of Kansas City, LLC - Behavioral Establish 120-bed behavioral health hospital	Independence	Jackson	05/01/2023	\$63,932,911	0%	05/01/2025	11/9/23: 1st ext to 5/01/23 5/6/24: 2nd & 3rd Ext to 5/1/25
6004 RS	Neurological Transitional Center Establish 12-bed ALF	O'Fallon	St. Charles	05/01/2023	\$9,655,000	15%		11/28/23: 1st Ext to 5/1/24 5/2/24 : Cap exp met
5995 NS	Premium Apartments (Prev. JP Advance Establish 150-bed SNF	Kansas City	Clay	05/01/2023	\$1,500,000	5%	05/01/2025	12/11/23: 1st Ext to 5/01/24 5/29/24: Contact changed from Thomas Piper macquest@mac.com 7/29/24: Owner change approved, prev Community Healthcare, LLC and 2nd & 3rd ext to 5/1/25

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5999 HS	Harrison County Community Hospital New/Replace 14-bed Critical Access Hospital	Bethany	Harrison	05/01/2023	\$63,200,000	5%		10/24/23: Contact Change from Craig Elmore <jjedcoe@aol.com> 10/25/2023: 1st Ext to 5/1/24 5/6/24: 2nd Ext to 11/1/24
6000 RS	Aspen Valley Senior Homes - North Crest Establish 12-bed ALF	Washington	Franklin	05/01/2023	\$1,436,500	90%		11/15/23: 1st Ext to 5/1/2024
6009 DT	Lutheran Senior Services at Meramec Bluffs Renovate/Modernize 128-bed SNF and 100-bed ALF	Ballwin	St. Louis	06/21/2023	\$8,219,709	48%		
6011 HS	Pershing Memorial Hospital Acquire MRI	Brookfield	Linn	07/24/2023	\$1,628,509	0%	01/24/2025	2/27/24: 1st Ext to 7/24/24 10/01/24: 2nd ext to 1/24/25
6005 HS	Heartland Regional Medical Center Acquire Bi-Plane Unit	St. Joseph	Buchanan	07/24/2023	\$3,179,802	40%		
6015 NS	Windsor Estates of St. Charles Add 15 SNF beds	St. Charles	St. Charles	07/24/2023	\$1,385,000	57%		9/12/23: Owner & Operator change approved; previously Windsor- St. Charles Property, LLC (owner) & Windsor Estates of St. Charles SNAL, LLC (operator)
6018 DS	The Baptist Home at Ashland Add 20 ALF beds and 14 SNF beds	Ashland	Boone	07/24/2023	\$102,000	0%		1/24/24: 1st Ext to 7/24/24
6040 HT	Barnes-Jewish Hospital Replace linear accelerator (Vault 3)	St. Louis	St. Louis City	08/21/2023	\$3,571,428	0%	02/21/2025	Will replace #4113 HT 4/22/24: Staff approved 1st ext to 8/21/24 10/01/24: 2nd Ext to 2/21/25
6008 RS	St. Louis Assisted Living Solutions LLC Establish 16-bed ALF	Wentzville	St. Charles	09/12/2023	\$2,791,000	0%	09/12/2024	3/13/24: 1st Ext to 9/12/24 10/01/24: Ext deferred to 11/18/24 meeting
6031 HS	Emergency Care Hospital - Independence Establish 3-bed emergency care hospital	Independence	Jackson	09/12/2023	\$24,401,000	5%		3/12/24: 1st Ext to 9/12/24
6030 RS	Zebra Hitch Senior Living Establish 134-bed ALF	Lee's Summit	Jackson	09/12/2023	\$42,000,000	0%	09/12/2025	3/12/24: 1st Ext to 9/12/24 10/01/24: 2nd & 3rd Ext to 9/12/25
6020 HT	Lafayette Regional Health Center Replace MRI	Lexington	Lafayette	09/21/2023	\$1,806,394	0%		3/22/24: Staff granted 1st ext to 9/21/24
6050 HT	Missouri Cancer Associates Replace PET/CT scanner	Columbia	Boone	10/23/2023	\$2,010,733	0%	10/23/2024	4/25/24: Staff approved 1st ext to 10/23/24

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6055 HT	The Children's Mercy Hospital Replace PET/CT scanner	Kansas City	Jackson	11/21/2023	\$2,778,319	50%		Will replace #4430 HS Staff granted 1st ext to 12/1/24
6068 HT	Barnes-Jewish Hospital Replace electrophysiology lab	St. Louis	St. Louis City	12/27/2023	\$1,147,941	99%		Will replace #3591 HT
6070 DT	The King's Daughters Home Renovate/Modernize RCF and ICF (Therapy Center Addition)	Mexico	Audrain	12/27/2023	\$1,465,868	95%		3/28/24: Contact changed from Eric Westues <eric@westhues.com>
6069 HT	Christian Hospital Replace MRI	St.Louis	St. Louis	12/27/2023	\$1,885,927	99%		Will replace #2838 HS
6061 HS	Mercy Hospital - Springfield Acquire an additional robotic surgery unit	Springfield	Greene	01/08/2024	\$1,870,857	99%		10/11/23: LOI was amended to reflect 1 unit instead of 2
6060 RS	Aspen Valley Senior Homes - New Haven Establish 12-bed ALF	New Haven	Franklin	01/08/2024	\$1,718,200	0%	01/08/2025	7/25/24 Staff granted 1st ext to 1/8/25
6064 HS	Mercy Hospital Jefferson Acquire a robotic surgery unit	Festus	Jefferson	01/08/2024	\$2,173,711	0%		
6062 DS	Redbud Village Establish a 24-bed SNF and a 24-bed ALF	Versailles	Morgan	01/08/2024	\$25,000,000	0%	01/08/2025	6/18/24 Contact changed from Thomas Piper macquest@mac.com Staff granted 1st ext req to 1/8/25
6058 HT	Mercy Hospital- Springfield Replace tomotherapy	Springfield	Greene	01/22/2024	\$2,884,000	70%		Will replace #4112 HT
6046 HS	Mercy Hospital - Springfield Acquire additional PET/CT unit	Springfield	Greene	03/04/2024	\$1,298,886	0%	03/04/2025	9/5/24 1st ext req approved by staff to 3/4/25
6071 HS	Missouri Baptist Medical Center Acquire hybrid OR	St. Louis	St. Louis	03/04/2024	\$1,917,827	80%		
6081 HT	Cape Radiology Group I, LLC Replace MRI	Cape Girardeau	Cape Girardeau	03/26/2024	\$1,516,286	0%		Replacing #3822 FS
6087 HT	Barnes-Jewish St. Peters Hospital Replace CT scanner	St. Peters	St. Charles	04/22/2024	\$2,452,750	0%		

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6080 HT	Missouri Baptist Medical Center Replace cardiac cath lab	St. Louis	St. Louis	04/22/2024	\$1,334,207	0%		
6093 HT	Mosaic Medical Center - Albany Replace MRI	Albany	Gentry	04/22/2024	\$1,342,494	81%		
6084 HS	St. Luke's RAYUS Radiology-St. Peters Acquire addtl MRI	St. Peters	St. Charles	05/06/2024	\$2,578,286	0%		
6111 RA	N & R of Malden dba Ridgeview Living Establish 96-bed RCF	Malden	Dunklin	05/06/2024	\$0	0%		
6075 HS	CoxHealth - Springfield Acquire an additional robotic surgery unit	Springfield	Greene	05/06/2024	\$2,050,750	0%		3/4/24: Rec'd Contact Change; previously Will Nunn <will.nunn@coxhealth.com>
6091 RS	Bishop Spencer Place Add 21 ALF beds	Kansas City	Jackson	05/06/2024	\$9,851,333	30%		
6089 HS	Barnes-Jewish West County Hospital Acquire Globus robotic system	St. Louis	St. Louis	05/06/2024	\$2,400,000	0%		
6086 HS	Barnes-Jewish Hospital Acquire addtl MRI unit	Chesterfield	St. Louis City	05/06/2024	\$2,029,749	0%		
6088 HS	Barnes-Jewish St. Peters Hospital Acquire addtl robotic surgery unit	St. Peters	St. Charles	05/06/2024	\$2,460,750	0%		
6085 RS	Arnold Senior Living Establish 78-bed ALF	Arnold	Jefferson	05/06/2024	\$20,186,230	0%		4/30/24: Rec'd Contact Correction, prev. Cody Hagan <chagan@gravesgarrett.com>
6116 RA	Equilibrium Ranch Add 1 RCF bed	Cuba	Crawford	05/24/2024	\$0	0%		
6095 HT	St. Luke's Hospital Replace LINAC	Chesterfield	St. Louis	05/24/2024	\$2,611,158	0%		Will replace #4529 HT
6094 HT	St. Luke's Hospital - Cancer Institution Replace Linear Accelerator	Kansas City	Jackson	05/24/2024	\$4,756,716	0%		Will replace #3583 HT
6114 HT	Christian Hospital Northwest Replace MRI	Florissant	St. Louis County	07/25/2024	\$2,111,042	0%		Will replace 3420

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6112 HT	Saint Luke's North Hospital Replace MRI	Kansas City	Platte	07/25/2024	\$4,313,647	0%		Will replace 3910 HA
6115 HT	Barnes-Jewish Hospital Replace EP Lab	St. Louis	St. Louis City	07/25/2024	\$2,131,288	0%		Will replace 4662
6100 HS	Mercy Hospital Joplin Add addtl robotic surgery unit	Joplin	Newton	07/29/2024	\$2,150,750	0%		
6096 HS	SSM Health St. Joesph St. Charles Acquire robotic surgery system	St. Charles	St. Charles	07/29/2024	\$1,685,000	0%		
6102 RS	Lake George Senior Living Add 10 ALF beds	Columbia	Boone	07/29/2024	\$900,000	0%		
6103 RS	Harvey's Home for Assisted Living and Establish 17-bed ALF	Smithville	Clay	07/29/2024	\$2,669,681	0%		
6104 RS	Bunker Residential Home Add 3 RCF beds	Bunker	Reynolds	07/29/2024	\$0	0%		
6105 HS	CoxHeatlh Rehabilitation Hospital Establish 63-bed rehabilitation hospital	Ozark	Christian	07/29/2024	\$52,155,171	0%		
6108 HS	Barnes - Jewish Siteman Cancer Center Acquire addtl CT, PET/CT & MRI unit	St. Louis	St. Louis City	07/29/2024	\$12,583,511	0%		
6109 HS	Saint Luke's Hospital Acquire addtl hybrid OR	Kansas City	Jackson	07/29/2024	\$5,069,178	0%		
6106 HS	Mercy Hospital Wentzville Establish 75-bed hospital	Wentzville	St. Charles	07/29/2024	\$635,177,720	0%		
6107 HS	SSM Health St. Joseph St. Charles Acquire MRI unit	O'Fallon	St. Charles	07/29/2024	\$1,110,752	0%		
6083 HS	St. Mary's Surgical Center Acquire robotic surgery unit	Blue Springs	Jackson	07/29/2024	\$2,600,750	0%		
6143 HA	Orthopedic & Sports Medicine Center Replace MRI	St. Joseph	Buchanan	08/12/2024	\$745,157	0%		

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6142 HA	Orthopedic & Sports Medicine Center Acquire CT Scanner	St. Joseph	Buchanan	08/12/2024	\$753,612	0%		
6144 NA	The King's Daughters Home Add 3 ICF beds (10/10%)	Mexico	Audrain	08/12/2024	\$0	0%		
6147 RA	Parkside Manor Add 4 ALF beds	Bowling Green	Pike	08/19/2024	\$650	0%		
6127 HT	Saint Luke's Hospital Replace Interventional Radiology Biplane Angiography Unit	Kansas City	Jackson	08/21/2024	\$2,575,209	0%		
6132 DT	Fountainbleau Lodge Renovation and Modernization of SNF & ALF	Cape Girardeau	Cape Girardeau	09/19/2024	\$1,195,427	0%		10/22/24: Contact Change from Craig Elmore jjedcoe@aol.com
6131 HT	Mercy Hospital - Springfield Replace MRI	Springfield	Greene	09/19/2024	\$2,051,269	0%		To replace 4075 HS
6130 HT	North Kansas City Hospital Replace MRI	North Kansas City	Clay	09/19/2024	\$1,709,090	0%		To replace #4184 HT
6110 RS	Mill Creek Village-Assisted Living by Add 9 ALF beds	Columbia	Boone	10/01/2024	\$0	0%		
6101 HS	Boone Health Acquire two addtl robotic surgery units	Columbia	Boone	10/01/2024	\$5,072,000	0%		
6125 HS	Saint Luke's Radiation Therapy - Liberty, Relocate linear accelerator	Kansas City	Platte	10/01/2024	\$1,674,364	0%		
6123 HS	St. Louis Children's Hospital/KVC Mental Establish 77-bed pediatric psychiatric hospital	St. Louis	St. Louis	10/01/2024	\$66,640,170	0%		
6122 RS	The Grand Royale Add 52 ALF beds	Gladstone	Clay	10/01/2024	\$25,000	0%		
6120 HS	Hannibal Regional Healthcare System Acquire linear accelerator	Kirksville	Adair	10/01/2024	\$6,986,291	0%		

Incomplete Projects Report
(sorted by Approval Date)

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6119 RS	Friendship Village Assisted Living & Add 28 ALF beds	St. Louis	St. Louis	10/01/2024	\$8,095,719	0%		
6099 NS	St. Louis Altenheim Add 46 SNF beds	St. Louis	St. Louis City	10/01/2024	\$1,150,000	0%		9/9/24 Contact Change from Tom Piper macquest@mac.com
6153 FA	Gateway Cancer Treatment Center Replace Linear Accelerator (act of god, facility was flooded)	St. Louis	St. Louis	10/10/2024	\$2,353,598	0%		10/15/24: Contact person changed from Craig Elmore jjedcoe@aol.com
6128 HT	Phelps Health Waynesville Medical Plaza Replace MRI	Waynesville	Pulaski	10/24/2024	\$2,087,209	0%		
6146 HT	Missouri Baptist Medical Center Replace MRI	St. Louis	St. Louis	10/24/2024	\$2,194,027	0%		Will replace #3768 HS

Total Incomplete Projects 132